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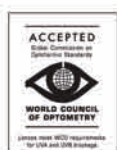
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American Optometric Association NEWSTM

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House of Delegates takes up discussion on board certification

After five months of discussion, argument and assertions by optometrists in hundreds of channels, the AOA's deliberative body, the House of Delegates, will finally make its position known this month.

Consisting of nearly 1,200 optometrists who represent all state and affiliated optometric associations, the House of Delegates is likely to consider two questions beginning June 26:

- ❖ Should the AOA participate in the establishment of the American Board of Optometry?
- ❖ If so, should it follow the model for optometric board certification put forth by the Joint Board Certification Project Team?

The AOA Board of Trustees is expected to propose a resolution regarding board certification, although no formal action had been taken as of press time. Once introduced, the members of the House of Delegates are free to offer amendments, revise amendments, discuss, adopt, table or dismiss the resolution.

"We have said since January, when the Joint Board Certification Project Team introduced a model for board certification, that the AOA House of Delegates would be deciding the proposal's fate," said AOA Trustee David A. Cockrell, O.D. "We're glad to have the opportunity to present the case for optometric board certification before the House and to hear AOA members' views in a serious and deliberative forum."

Dr. Cockrell and other prominent supporters of board certification maintain that board certification is necessary for optometrists. Key messages of the campaign for certification are:

- ❖ Demonstrating continued competency through board certification will be an essential criterion - the price of

See Discussion, page 12

Top AOA awards honor consummate service

The 2009 Optometry's Meeting® Opening General Session will highlight the accomplishments of the four recipients of the AOA annual awards.

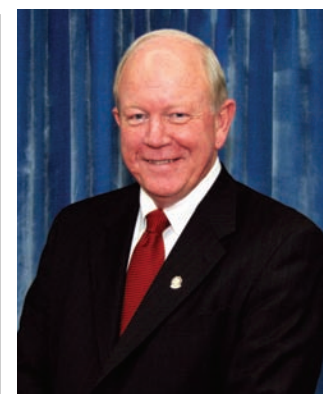
The Distinguished Service Award recognizes Michael D. Jones, O.D., for his unusually significant contributions to the profession of optometry.

The Optometrist of the Year Award recognizes Deanna S. Alexander, O.D.,

for her performance of outstanding services on behalf of the profession and to the visual welfare of the public.

The Young Optometrist of the Year Award recognizes Lillian T. Kalaczinski, O.D., who has been in practice less than 10 years and demonstrates remarkable leadership skills when serving the profession, patients and her community.

See Awards, page 8



Michael D. Jones, O.D., is the recipient of the Distinguished Service Award.

Maine expands oral Rx, glaucoma treatment authority

In a move to provide better access to eye care in one of the nation's most heavily rural states, Maine has repealed cumbersome restrictions on both the treatment of glaucoma and the prescribing of oral pharmaceuticals by optometrists, according to Maine Optometric Association (MOA) President Linda Cameron, O.D.

Amendments to Maine's

optometry law, signed May 22 by Gov. John Baldacci (D), reduced or eliminated co-management requirements that had effectively kept many optometrists from providing independent glaucoma care in the state.

The amendments also repealed quantity limits on oral pharmaceuticals prescribed by optometrists. Those limits have often prevented practitioners from

providing Mainers with much more than temporary relief from common, sometimes chronic, eye conditions, according to Dr. Cameron.

"These are significant improvements in treatment and prescriptive authority," Dr. Cameron said.

They also represent a "huge" step toward a nation-

See Maine, page 8



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President's Column
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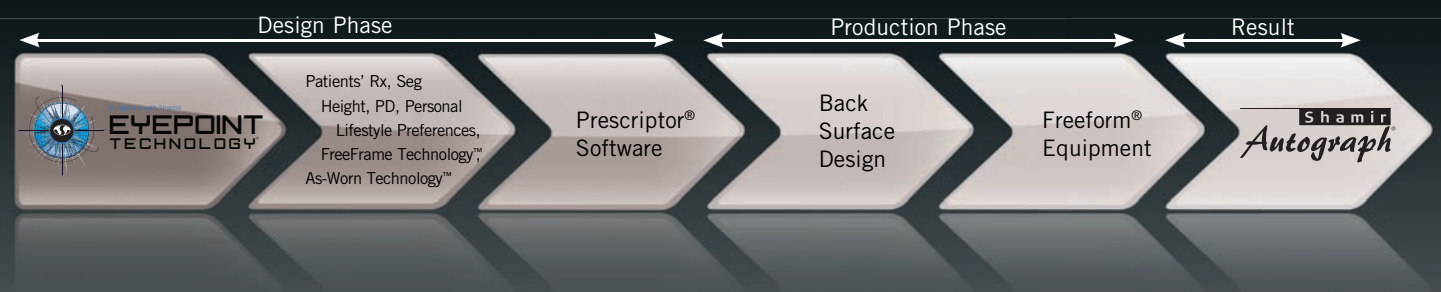
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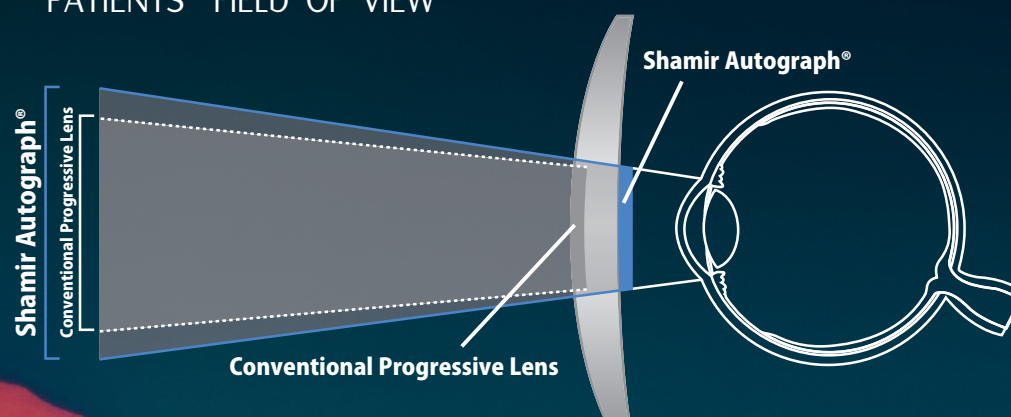
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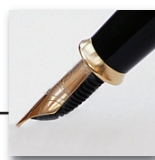
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PRESIDENT'S COLUMN

Thank you for an incredible ride!

I started my inaugural speech at last year's House of Delegates with: "Today, I am the luckiest optometrist in America." After more than 11 months as your president, I write this, my final president's column, on my way to the World Council of Optometry meeting in Melaka, Malaysia. I'd like to modify my original statement to: "I've been the luckiest optometrist in the world this past year!"

My commitment to you was to be the best cheerleader for the profession I could be, and I've had some incredible opportunities to share the story of 21st-century optometry across America and even around the globe. I've had a chance to share the valuable primary health care role optometrists play with patients every day.

In particular, a highlight was educating a variety of health care providers as part of the National Changing Diabetes Program and then, at their invitation, sharing the role of American optometry with diabetic patients in England at an International Diabetes Symposium. I hope the rest of the world's diabetics, and all patients, will benefit when the scope of optometry improves around the world.

Melissa and I have been treated to phenomenal optometric hospitality across the country as I've had the privilege to install friends and colleagues as officers of state and regional associations in Florida, Michigan, Illinois, Ohio, Hawaii, Kentucky and Alaska as well as SECO and the North Central States Optometric Council.

Thank you to all state

leaders, members and staff for your friendship and hospitality!

With the delivery of the commencement address at my alma mater –ICO– last month, I've completed my 10-year tour of every school of optometry in the United States and Puerto Rico with enrolled students. I hope to visit the new schools with entering students in Arizona and California this fall or spring as your immediate past president. We all should be thrilled with our commitment to visit every school every year by the AOA

experience with the Korean Optometric Association. Melissa and I were treated to traditional Korean hospitality (phenomenal), and once again the KOA leadership will address our House of Delegates this year. Korea is but one of many countries that are turning to the AOA to help them expand the role of optometry in their home country to reach what we have in America.

A new International member category will be voted on this year in hopes of meeting the requests for help

My commitment to you was to be the best cheerleader for the profession I could be, and I've had some incredible opportunities to share the story of 21st-century optometry across America and even around the globe.

– the students are the future of our profession and we need them from day one to be fully engaged in the sustainability of our profession.

The family of optometry extends beyond the doctors to include family, friends, staff and especially our industry colleagues.

My third trip to the National Optometric Association reminds us of their rich heritage in our profession, and their past and future leaders will continue to make the NOA a valuable asset within optometry.

For the second year, the AOA was invited to share our

from around the world without taking resources from our U.S.-based membership. The optometric world is literally becoming flat!

Whether in our own offices, state associations or the AOA – we would be challenged to deliver all the value we have without a great relationship with our industry partners. The member organizations of the AOA's Ophthalmic Council® have all been fantastic this year. We've created a new spirit of cooperation with our industry partners. Our patients, our practices and our profession will be the beneficiaries. Thanks to



Dr. Kehoe

all my new friends within the ophthalmic industry.

Melissa and I have had the opportunity to share the Optocrat message at several political events around the country to Republicans and Democrats alike. At these events we've met our president and first lady, U.S. senators, members of Congress, as well as governors, policymakers and key staff who I hope will remember the message we shared about the value we deliver to our patients every day.

As I close this final column, I will take the risk of leaving someone out as I thank everyone who has helped us this year. First, I couldn't have done this without Melissa's unquestionable support this year and the previous nine years on the board, she has been a fabulous first lady. My children, Vince, Alexandra and Kate, my daughter-in-law Megan and our granddaughter Madi – we've missed some important events these past years. However, as they attended Optometry's Meeting® in Seattle, they began to fully

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LETTERS

Seen value firsthand

Editor:

As a past Legislation Committee chair and president of the California Optometric Association, I've followed the debate over board certification with great interest.

At first, I saw little reason to consider this proposal, and thought the numerous steps to certification seemed onerous and unnecessary. But then, in July of 2008, I was appointed to the AOA's Federal Relations Committee.

What I've seen this past year has been quite an eye-opening experience. Many of the new federal health care proposals, plans, and agencies don't include optometry anywhere within their structure. The fight for optometry's admission into these areas is a large part of what we in AOA advocacy do — and I can tell you the threat of exclusion is very real.

I know it's easy to dismiss these comments as AOA scare tactics and get riled up with the thought of the added hardship that certification brings, but I've seen the value of a process like this firsthand. Board certification is a valid tool for battling optometric discrimination within the medical community, and our profession needs to understand that the extra burdens placed on us now will pay dividends in the long run. With board certification as another weapon in optometry's arsenal, your advocates in Washington will have an easier job promoting inclusion and protecting your livelihood.

Bob Theaker, O.D.
Monterey, Calif.

Only way to show proof

Editor:

Recently there has been a lot of discussion about board

certification. There have been months of investigation by the AOA and the Joint Board Certification Project Team (JBCPT) as to whether board certification will benefit our profession.

I realize that board certification is costly and time consuming.

I also realize that some of the ODs who have not taken an examination in over 30 years may be apprehensive. I am a residency-trained optometrist and have only been practicing in the field for a few years, but I can tell you that in those few years there have been multiple advancements to the field that I believe we, as optometrists, should all be aware of.

We took an oath when we started our profession to treat our patients with the best of care, and the only way to fulfill that oath is to stay current with the new arising treatments and medications. Board certification is a term used to describe someone who has achieved competence in a field and continues to advance himself or herself through additional testing.

I am aware that many ODs feel that they can keep advanced in the field without becoming board certified,

Board certification is a valid tool for battling optometric discrimination within the medical community, and our profession needs to understand that the extra burdens placed on us now will pay dividends in the long run.

however, board certification is the only way for us to show proof that we have kept up with the latest developments of the field.

Lastly, if we reverse the roles and play the role of the patient, I would want to know that the doctor I am seeing is up-to-date with the most current conditions and treatments so that I am receiving the best of care and in accordance would like to know that he is board certified.

Next we have to realize

Quinn files for re-election

Christopher Quinn, O.D., has announced his candidacy for re-election to the AOA Board of Trustees.

Dr. Quinn currently serves as the liaison trustee to the Clinical Care Group, the Aviation Vision Committee, the Clinical Guidelines Coordinating Committee, the Ethics and Values Committee, the Eye Safety Committee, the Healthy Eyes Healthy People® Committee, the Medical Eye Care Committee, the Accreditation Council on Optometric Education and the Legal and Legislative Defense Fund Project Team.

He has served as chair of the AOA Hospital Practice Committee and was appointed chair of the Medical Eye Care Committee.

Dr. Quinn has served as a member on the AOA State Government Relations Committee, the New Technologies Committee, the Clinical Care Group Manpower Pool, the Federal Relations Committee, the

Resolutions Committee, the Nominating Committee Task Force, the Fast Force Task Force and as a consultant to the Council on Clinical Optometric Education.

He also represented the AOA on the American Medical Association Resource-Based Relative Value Update Committee's Health Care Professionals Advisory Committee.

Dr. Quinn is the principal author of the AOA's Clinical Practice Guideline on Care of the Patient with Conjunctivitis.

He also serves on the editorial board for the *Review of Optometry* and *Primary Care Optometry News*.

He has served as president of the New Jersey Society of Optometric Physicians (NJSOP).

Among his many awards, Dr. Quinn was named the NJSOP Optometrist of the Year in 1993 and awarded the E.C. Nurock award, the NJSOP's highest symbol of recognition, in 2008. He has also received the NJSOP



Dr. Quinn

Distinguished Service, Scientific Achievement, Communications and President's awards.

Dr. Quinn is founder and president of Omni Eye Services of New Jersey, a regional optometric referral center where he started an optometric student extern program that has included eight schools and colleges of optometry.

Dr. Quinn lives with his wife of 26 years, Susan, and has two children, ages 18 and 21. He enjoys golf, skiing, cycling and sailing.

that the AOA and the JBCPT have proposed board certification for the betterment of the profession. Optometry is

our field.

We have worked so hard as a profession to increase our ability to provide care as

A unifying model

Editor:

The College of Optometrists in Vision Development (COVD) is an international organization established in 1970 for the primary purpose of conducting board certification through our International Examination and Certification Board (IECB). Over 90 percent of COVD's members are American optometrists, and the majority are also members of the AOA.

When the Joint Board Certification Project Team (JBCPT) was formed, COVD was intrigued by the prospect that the effort to board certify optometrists with advanced

primary eye care physicians, and it would be a large setback if we did not agree to practice at the same level as other physicians.

I believe that this is a huge obstacle but a necessary one for our profession. In order to improve the field of optometry, it is pertinent that we acquire board certification.

Nisha Panjwani Mehta, O.D.
Greenville, N.C.

See Letters, page 12

New Jersey releases resolution on JBCPT proposal

WHEREAS, the New Jersey Society of Optometric Physicians (NJSOP) represents nearly seven hundred optometrists in the state of New Jersey; and

WHEREAS, the NJSOP is dedicated to advancing the profession of optometry and serving optometrists in meeting the eye care needs of the public and NJSOP is focused on improving the quality and availability of vision care, fulfilling this objective by providing reliable and current information regarding eye care and health care policies; and

WHEREAS, one of NJSOP's most important responsibilities is to educate the public to enhance and ensure competent, quality patient care along with promoting the importance of comprehensive eye exams; and

WHEREAS, the Board of Directors of NJSOP considers the change in landscape of healthcare in the United States today, including Value Driven Healthcare, PQRI, E-prescribing, Pay for Performance and other models that are evaluating the performance of physicians and health-care professionals as well as critiquing their competence; and

WHEREAS, the Joint Board Certification Project Team (JBCPT) has presented a proposal and model to form the American Board of Optometry (ABO); and

WHEREAS, the JBCPT has presented a model of inclusion for all Optometrists to become board eligible immediately, mechanisms for obtaining board certification and a model for maintenance of certification; and

WHEREAS, the Board of Directors of the NJSOP polled its membership and the membership responded that they are concerned with fee parity among medical professions; non-discriminatory inclusion on insurance panels, and to be universally accepted by other health care professionals; and

WHEREAS, that on June 3, 2009, the Board of Directors of NJSOP discussed this issue at length and recognized the JBCPT for their hard work and due diligence by listening to the AOA membership and by making changes to their model;

Be it resolved that the Board of Directors of NJSOP approved a motion to accept the current proposal of the JBCPT to form the ABO, the model for board certification and the model for maintenance of certification; and

Be it resolved that the Board of Directors of NJSOP approved a motion to allow the New Jersey delegation to consider any final resolution or proposal at the AOA's House of Delegates at Optometry's Meeting and to vote accordingly to continue to advance the profession of Optometry.

Harvey Richman, O.D., NJSOP president
Michael J. Siegel, O.D., NJSOP president-elect

Get up-to-the-minute coverage of the board certification discussion in the AOA House of Delegates by following the News at www.twitter.com/aonews



AOA sought worldwide

More than 250 colleagues representing 17 countries attended the biannual General Delegates Meeting (GDM) of the World Council of Optometry (WCO) held in Melaka, Malaysia, June 2-8, 2009. AOA President Pete Kehoe, O.D., and Richard Wallingford, WCO treasurer and past president of the AOA, attended the meeting, co-hosted by the Association of Malaysian Optometrists (AMO), the Chief Minister of Melaka and the Malaysian Minister of Health.

The WCO's mission is to facilitate the enhancement and development of eye and vision care worldwide. The AOA has been an active country member of WCO for years, and the model of American optometry continues to be the standard sought throughout the world.

The conference program in Melaka highlighted public health issues for optometrists, including screening for diabetic retinopathy and the role optometrists can play.

Dr. Kehoe challenged the



AOA President Pete Kehoe, O.D., right, meets with Malaysian Minister of Health Datuk Seri Liow Thong Lai.

presenter and audience to "realize the valuable role optometry can play in actually preventing diabetic retinopathy by helping all diabetics maintain a healthier lifestyle."

Additional topics included an overview of the challenges facing optometric education in Asia and around the world and an overview of the scope of optometric practice around the world.

Robert Chappell of the United Kingdom completed a two-year term as president of WCO and installed George Woo, O.D., Ph.D., dean of the

faculty of Health and Social Sciences at the Hong Kong Polytechnic University, as the new president. In addition, Sidney Stern, O.D., of Florida was elected president of the World Optometry Foundation.

"The influence and expertise of the AOA is being sought by many countries around the world as they attempt to expand optometry to better serve the citizens of countries and regions," said Dr. Kehoe. "The AOA must continue to work closely with WCO to help whenever possible."

President,

from page 4

understand the role we've played these past years and the importance to our profession and, most important, our patients! My partners Drs. Brian Plattner and David Pool, Larry Chadwick, Anthony Carter and Gary Lasken have been great covering for me for many years. My staff in Galesburg that made too many calls begging for forgiveness in changing appointments and my patients who have been excited for my year, but say they can't wait until I'm back in the office more.

At the Illinois and American Optometric Associations, I've learned from each of the previous past presidents and my fellow board members, and I was very fortunate to have a great mentorship from Mike Horstman at the IOA and Dr. Mike Jones during his tenure as executive director of the

AOA. Dr. Barry Barresi and I started about the same time last year, and he has been a great partner and helped me push the optometric envelope throughout the profession and industry. The staff of the AOA in St. Louis and Washington is second-to-none in their support of optometry, the entire board and our membership; they are tireless advocates for optometry.

My fellow board members have been my best friends and family for the past 10 years as we spend close to 60 days per year together – you all rock! I'd be remiss if I didn't thank the spouses and families of the AOA Board for allowing them to serve our profession, and I hope each member can express their thanks as well. And finally, to the entire AOA membership: THANK YOU for blessing me with this opportunity to be your cheerleader this past

year. I've been blessed with hundreds of new friendships that will last a lifetime.

My term as president may be coming to a close, but my passion and dedication to our profession has been elevated. This has been an incredible ride; now it is time to ride my Harley a little more!

Best wishes and remember: The future of optometry is in our hands.....GRAB HOLD!

Peter H. Kehoe, O.D.
President

PS: I will continue my blog as I transition to I.P.P. so visit www.PetesAOABlog.com often to see the latest posts on this and other topics of importance to our profession. Also – stay current with the latest on board certification by visiting <http://certification.aoa.org>



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Awards, from page 1

The Paraoptometric of the Year Award honors Dianna Sweet, CPOT, for her significant contributions to the field of paraoptometry.

Distinguished Service Award

The Tennessee Optometric Association's Michael D. Jones, O.D., is the 2009 recipient of the AOA Distinguished Service Award.

Dr. Jones' career in optometry began with a private practice in Athens, Tenn., in 1971, continued with an impressive degree of service to—and leadership in—his beloved profession, and concluded in 2008 upon his retirement after 10 years as the AOA's executive director.

Through the years, he held numerous positions within his local, state, and national associations.

He joined the AOA in 1968 as a student at the Southern College of Optometry (SCO). He graduated from SCO in 1971 after having served as class president and student council representative and began practicing at Jones and Keylon in Athens, Tenn. In 1976, he began practice at the Athens (Tennessee) Eyecare Clinic, and, from 1994 on, was on the medical staff at Woods Memorial Hospital in Etowah, Tenn.

Dr. Jones assumed leadership roles in optometry early in his career, becoming president of his local society, the Hiwassee Optometric Society, in 1976.

He went on to rise through the ranks of the Tennessee Optometric Association, serving as president in the 1984-1985 program year.

From 1986 to 1991, he served as the AOA's chief spokesperson to the Health Care Financing Administration, the U.S. Office of Technology and Assessment, the Inspector General's Office of the Department of Health & Human Services, and the

Agency For Health Care Policy and Research.

He began a long affiliation with the AOA Federal Relations Committee, serving as a volunteer from 1987 to 1992, serving as its chair from 1990 to 1992.

In 1992, he was elected to the Board of Trustees of the AOA. He served as a member of the AOA Eyecare Workforce Study, which undertook an extensive manpower study of U.S. eye care providers.

Dr. Jones was also active in securing optometric privileges for his state. He was chair of the State of Tennessee Therapeutic Certification Panel and presented testimony to the State of Tennessee Health Planning Commission, a body that secured hospital privileges for the state's optometrists.

Dr. Jones was named Tennessee's "Optometrist of the Year" in 1992 and Southern Council of Optometrists' "Outstanding Optometrist of the South" in 1993.

He served as an adjunct professor at SCO and served as vice-president of the Alumni Association.

In addition to his commitment to his profession, Dr. Jones has been active in the American Public Health Association and the American Diabetes Association.

Dr. Jones and his wife Linda have two children, Tiffany and Chris, and three grandchildren.

Optometrist of the Year

The Colorado Optometric Association's (COA) Deanna S. Alexander, O.D., has been named the 2009 AOA Optometrist of the Year.

Dr. Alexander has established herself as the "go-to" person when the COA needs attention to detail, perseverance, concern for people and an intelligent approach to problem-solving.

Since graduating from



Dr. Alexander

the University of California at Berkeley School of Optometry in 1987, Dr. Alexander has built a career as an educator, a community volunteer, a mentor and one of the most highly respected leaders in the COA.

Dr. Alexander has achieved a notable level of participation in legislative efforts at both the state and national level.

She has been a Keyperson for at least one elected official at all times since the early 1990s, served as a COA legislative captain and legislative chair, and participated in numerous meetings, such as the 1995 therapeutic authority expansion, the 2000 direct access legislation and the 2002 sunset legislation.

She worked closely with the state legislature on bills promoting safe driving for senior citizens.

She also has made inroads with third-party providers, holding a meeting with the medical director of UnitedHealthcare that resulted in optometrists gaining the ability to bill for medical services and access to 400,000 Colorado patients.

Dr. Alexander, who specializes in low vision and is a member of the AOA Low Vision Rehabilitation Section, has dedicated her career to educating students and patients about low vision.

She has served as an adjunct faculty member at the University of Missouri—St. Louis College of Optometry

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Maine, from page 1

ally uniform optometric scope of practice, according to an assessment by the AOA State Government Relations Center.

Bowing to lobbying by medical groups, several states enacted optometric practice laws in the 1990s requiring co-management of a specified number of glaucoma patients before independent treatment authority was granted.

Today only a handful of states still have such restrictions, the AOA State Government Relations Center notes.

Maine now allows any optometrist who has entered practice since 1996 (when the state first authorized glaucoma treatment by optometrists) to manage glaucoma patients independently.

Those graduating from optometry school earlier will still have to demonstrate proficiency in glaucoma treatment by co-managing up to 30 patients.

However, that requirement can be reduced or waived based on education, training, or licensure in other jurisdictions that grant optometrists glaucoma treatment privileges.

Previously, all optometrists, except very recent graduates, were required to document co-management of 50 glaucoma patients in order to gain authorization to provide care independently.

Those requirements effectively kept most Maine optometrists from ever obtaining certification, Dr. Cameron said.

The Maine law now authorizes optometrists in the state to prescribe virtually all ocular therapeutic substances with the exception of oral immunosuppressives, oral immunostimulants, and oral chemotherapeutic drugs, the AOA State Government Relations Center notes.

Previously imposed limits on the quantity of certain oral drugs prescribed by

optometrists — for example, a maximum 10-day supply of oral antibiotics — have been repealed. U.S. Drug Enforcement Administration Schedule III, IV, and V analgesics will, however, be limited to one five-day supply — an increase from the three-day supply authorized under the prior Maine optometry law.

The legislation also specifically authorizes optometrists to sell and dispense contact lenses (CL) that contain and deliver pharmaceutical agents.

Drug-administering contact lenses are under development by several manufacturers.

(When approved for marketing by the U.S. Food and Drug Administration, drug-delivering lenses might be classified as drugs rather than ophthalmic devices, the AOA State Government Relations Center notes.)

The new Maine scope of practice amendments were approved unanimously by both the Maine House of Representatives and Senate after being unanimously endorsed by the state's Joint House-Senate Committee on Business, Research and Economic Development.

The bill was formulated in a series of negotiations between the MOA and the Maine Society of Eye Physicians and Surgeons (MSEPS).

The joint House-Senate committee commended the MOA and ophthalmology society for their work in cooperatively developing the terms of the legislation.

"There was a lot more cooperation than in some legislative efforts in the past," Dr. Cameron said. "There was more collaboration than contention."

That potentially saved all parties a prolonged legislative battle, she noted.

"The legislators appreciated that," Dr. Cameron added. "And it allowed us to get back to our practices and see patients."



EYE ON WASHINGTON

Red Flag Rule exemption proposed in Congress

Federally mandated identity-theft protection programs would not be required in small health care practices under a special exemption proposed in Congress last month.

Legislation (H.R. 2345) to amend the federal Fair and Accurate Credit Transactions (FACT) Act was introduced May 12 by Rep. John Adler (D-N.J.).

Under its Red Flag Rules, the FACT Act requires financial institutions and creditors to develop and implement written programs to identify and detect relevant warning signs – or “red flags” – of identity theft. Those may include unusual account activity, fraud alerts on a consumer report, or attempted use of suspicious documents. The identify theft warning programs must be in place by Aug. 1, 2009.

A creditor is defined as “any entity that regularly

extends, renews, or continues credit,” according to the Federal Trade Commission (FTC). That means, in addition to banks, auto dealers, and mortgage companies, the rule covers small businesses such as health care practices,

The legislation introduced by Rep. Adler last month would exclude health care practices with 20 or fewer employees from the Red Flags requirement.

the FTC stipulated last November.

That interpretation has drawn criticism from dozens of health care provider organizations – including the AOA – who say Congress never intended for the law to apply to health care practitioners. The FTC failed to consider

the financial impact this could have on health care practices, the critics say. They also contend the FTC failed to comply with the federal Regulatory Flexibility (RegFlex) Act, which requires accommodations be made in federal regulations that could have a disproportionately severe impact on small business.

The legislation introduced by Rep. Adler last month would exclude health care practices with 20 or fewer employees from the Red Flag requirement.

The bill has been referred to the House Committee on Financial Services.

Rep. Mike Simpson (R-Idaho) and Rep. Paul Broun (R-Ga.) are co-sponsoring the bill.

AOA members can find compliance guidance for the FTC Red Flag rule at www.aoa.org/FTCRedFlags.xml.

FDA issues warning on LASIK marketing

The U.S. Food and Drug Administration (FDA) has issued a warning to eye care practitioners regarding the marketing and promotion of laser-assisted in-situ keratomileusis (LASIK) vision correction.

“The FDA has received complaints that eye care professionals’ advertisements for LASIK procedures and FDA-approved lasers used for the LASIK procedures failed to inform consumers of the indications, limitations, and risks associated with LASIK procedures and the approved lasers used for the LASIK procedures,” said Timothy A. Ulatowski, director of the Office of Compliance at the FDA Center for Devices and Radiological Health (CDRH), in a May 22 “Letter to Eye Care Professionals.”

The warning follows an April 2008 public meeting, convened by the FDA Ophthalmic Devices Panel, to discuss patient post-market experiences with LASIK procedures. The AOA was represented at the meeting by Brian Den Beste, O.D., and has continued to monitor FDA developments on this issue. The FDA has been soliciting comment from LASIK patients to determine if results of the procedure met expectations.

The FDA letter does not cite specific examples of LASIK marketing or promotion that the agency considers improper. However, the letter emphasizes “that eliminating deceptive or misleading health-related advertising claims is an important part of protecting the public health.”

“Advertising and promotional materials for FDA-approved lasers used during LASIK procedures must be truthful, properly substantiated and not misleading,” the letter continues. Those lasers are restricted medical devices that have been approved for specific uses and have risks associated with their use, Ulatowski notes.

The federal Food, Drug, and Cosmetic Act specifically prohibits false or misleading advertising of agency-approved health care devices or related procedures.

“In determining whether the advertisement is misleading, the FDA takes into account not only representations made or suggested by statement, word, or design, but also the extent to which the advertisement fails to reveal facts material in the light of such representations, or material with respect to consequences which may result from the use of the device to which the advertisement relates under the conditions of use prescribed in the advertisement,” the FDA notes.

The FDA offers extensive information for health care providers and the public on its LASIK Web page, which can be accessed on the FDA Web site Medicare Devices page (www.fda.gov/medicaldevices) by selecting “LASIK” in the page’s “Spotlight” box. Through the FDA LASIK Web page, eye care providers can access a list of all FDA-approved lasers, developed as part of the agency’s new “Devices@FDA” database. The Web page provides information about the scope of intended uses for each FDA-approved laser including restrictions and the risks associated with the use of each device. The Web page includes information about warnings, precautions, side effects, and contraindications.

The FDA urges health care practitioners to report any LASIK advertisements that may be in violation of the federal Food, Drug and Cosmetic Act to CDRH Regulatory Counsel Ann Simoneau at 301-796-5514.

Eyes on the PAC

“If we don’t get it (health care) done this year, we’re not going to get it done,” President Barack Obama said on May 20, 2009.

AOA-PAC is on the frontline fighting for patients and the profession as key health care reform decisions are made in Washington, D.C.

Invest in AOA-PAC today by visiting <http://www.aoa.org/x4827.xml> or calling Julie Trute, AOA-PAC director, at 703-837-1376.

Contributions to AOA-PAC have reached \$311,920.19 so far, on the way to a goal of \$1.25 million for the year.

AOA PAC

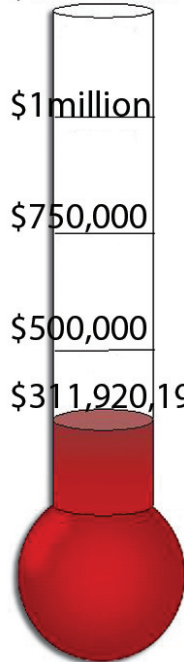
\$1.25 million

\$1 million

\$750,000

\$500,000

\$311,920.19



Awards,

from page 8

and the University of Houston College of Optometry and has also taught at the community college and undergraduate university levels.

She is a member of the scholarship committee of the See the Future Fund, which awards scholarships to help visually impaired and blind students further their education.

Dr. Alexander is senior partner and president of Eyecare Associations, P.C., a private practice in Fort Collins, Colo., she joined in 1989.

Since 1990, she has hired Colorado State University students interested in optometry to work in her office. Four of these students entered optometry school; one is a partner in her practice, and one practices in a neighboring town. She also invites high school students to her office to observe and learn about optometry as a career.

From 1987 to 1990, Dr. Alexander served as director of Low Vision of the Colorado Optometric Center, a nonprofit United Way clinic whose mission is to provide eye care to the citizens of Colorado regardless of ability to pay. She supervised interns, helped 14 different nursing homes in the Denver area providing exams and low vision services and helped the clinic obtain a state grant to expand low vision services to low-income patients in Denver.

She is an active InfantSEE® provider and has performed hundreds of screenings, consultations and low vision examinations for her local Lions Club, a pre-school and health fairs.

Dr. Alexander, a Fellow of the American Academy of Optometry, has served as president of her local society and as president of the COA. She was nominated as the COA Young Optometrist of the Year. She currently serves as secretary of the Southwest Council of Optometry and is expected to become its first female president.



Dr. Kalaczinski

Young Optometrist of the Year

The Michigan Optometric Association's (MOA) Lillian T. Kalaczinski, O.D., will receive the 2009 AOA Young Optometrist of the Year Award.

Dr. Kalaczinski realized her calling in public health optometry early in her career and is noted for her passion to provide eye care to patients who might otherwise not have access to it.

In 2005, Dr. Kalaczinski helped to create the Vision Clinic at Cherry Street Health Services (CSHS) in Grand Rapids, Mich. CSHS is one of the Midwest's largest federally qualified community health centers (CHC).

Since her arrival at Cherry Street, capacity within the vision clinic has tripled. In 2008, she examined more than 2,600 patients who otherwise would not have had access to eye care.

Dr. Kalaczinski is the only full-time optometrist at a community health center in the state of Michigan. Not only does Dr. Kalaczinski staff the clinic, she is also instrumental in obtaining funding for the clinic through community partners and grant writing.

A 1998 graduate of the Michigan College of Optometry at Ferris State University, Dr. Kalaczinski was the recipient of numerous awards including the Senior

Research Paper of the Year and the VanderLaan Student Leadership Award. She remains a clinical instructor for her alma mater.

Dr. Kalaczinski also completed a residency at Illinois College of Optometry, during which she had clinical and laboratory teaching responsibilities.

Dr. Kalaczinski lives out her commitment to the visually underserved in other ways. For the past two years, she has helped raise more than \$50,000 for the Grand Rapids Lions Club by being a key participant in the Blind Date Dinner, a major source of donations to the CSHS. She also went on a Volunteer Optometric Services to Humanity (VOSH) mission to Dominica in 2000. There she helped provide eyeglasses to more than 1,500 local residents.

She has been active on various committees of the MOA, including service as co-chair for the Michigan Eyes on Diabetes, and currently serves as the MOA's secretary-treasurer.

She is also an active member of the AOA Community Health Center Committee and a member of the American Public Health Association.

She and her husband Dave have two children, Roman and Dean.

Paraoptometric of the Year

The Michigan Paraoptometric Association's (MPA) Dianna Sweet, CPOT, is recognized as the 2009 AOA Paraoptometric of the Year.

Sweet has been a member of the staff of Douglas Heinze, O.D., of Howell, Mich., for 31 years, after beginning her career in the office of sports vision optometrist Philip R. Irion, O.D., of Lansing, Mich., as his first employee.

Sweet is a charter member of the MPA and has served on all of its commit-

tees and executive board, some more than once. She completed a third term as president in 2008.

She has been particularly active in sports vision screenings at Michigan Special Olympics events, serving as project director for the Michigan Opening Eyes Vision Screening program. Her hands-on approach to volunteering has ensured that the program has had the 100 volunteers it needs each year to provide vision assistance to special athletes. She also composed and produced a video featuring the Special Olympics athletes competing in the summer games at Central Michigan University.

Sweet is devoted to continuing education for paraoptometrics. She has served on the planning committees for the Michigan Optometric Association (MOA)/MPA fall and winter seminars for many years and served on the AOA Paraoptometric Section Continuing Education Committee for this year's Optometry's Meeting®.

She frequently writes articles for both the MOA and the MPA newsletters and encourages paraoptometrics



Dianna Sweet, CPOT

to take the next step in their career by becoming certified.

She was appointed by the chair of the Commission on Paraoptometric Certification (CPC) to serve on the CPC Item Writing Committee in 2007-2008. Her responsibilities included writing test questions for each level of the certification examinations.

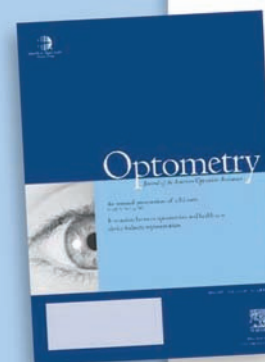
She is also on the CPC Regional Leaders Relations Committee. She continues her service as the current co-chair of the Continuing Education Committee of the MPA.

Sweet also devotes her time to participating in career fairs, setting up presentations at elementary schools and adjusting glasses at adult foster care and nursing homes.

She is the recipient of the Michigan Paraoptometric of the Year Award and the MPA Appreciation Award.

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*AIR OPTIX NIGHT & DAY AQUA: Dk/t = 175 @ -3.00D. Other factors may impact eye health.

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References: 1. CIBA VISION® data on file, 2008. Compared to original NIGHT & DAY® 2. CIBA VISION data on file, 2008. In vitro measurements compared to ACUVUE® DASYs™, ACUVUE® ADVANCE™, Biofinity™ and PureVision®. ACUVUE is a registered trademark and ADVANCE and DASYs are trademarks of Johnson & Johnson Vision Care, Inc. Biofinity is a registered trademark of CooperVision, Inc. PureVision is a registered trademark of Bausch & Lomb, Inc.

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Letters, from page 5

competency in a specialty area of our profession, begun so long ago by our organization, might be expanded. In February 2008, representatives of COVD met with the JBCPT to express our interest and offer assistance in the process of developing a model for board certification for all optometrists.

We made a presentation about our fellowship certification process: a series of open-book questions scored by reviewers; a 100-item multiple choice examination constructed with input from NBEO consultants; an oral interview; and maintenance of certification components.

Given our decades of experience in certifying optometrists as having advanced competence in the optometric specialty of vision development and therapy, it is readily apparent that COVD has much to offer in developing a credible, defensible board certification process that provides value to those who choose to become certified.

The COVD certification process has undergone review by third-party payers, state boards, and even in the courthouse. In every instance, this model of board certification within optometry has been validated.

In light of this wide-

ranging acceptance of the COVD model of board certification, it is surprising to the members of our organization that COVD did not have representation on the JBCPT or in the proposed structure of the American Board of Optometry and that Fellowship in COVD has not been proposed to have any value toward "board certification" in the JBCPT model.

Given our mission and our history, COVD clearly understands the value of board certification of specialties within a profession. We also understand the need for a credible assessment of the maintenance of practitioner competence in a health care science that is continually developing and improving.

However, we would suggest that these two processes should be separately considered, and should not be confused, if we are to maintain and improve the credibility of our extraordinary profession to the general public and to organizations that have always looked for ways to challenge our viability. We believe that nothing less than the future of optometry as an independent health care profession is at stake in this discussion. One only has to look at two other professions' experiences to understand this: the decline in the num-

bers of podiatry students after they required residencies to validate their board certification process and the paucity of quality applicants for residencies in family practice as most medical students recognize that they were attempting

As optometry continues to play a much bigger role in our health care system, we must be willing to accept additional responsibility to continue and advance the level of care optometrists provide.

to convert a general medical practice into a "specialty" to improve public perception. These problems continue to this day for podiatry and family practice.

In light of the difficulties the JBCPT model may create by causing confusion between maintenance of competence

credentialing and board certification as those terms are broadly understood throughout the health care community, and failure to include the most successful board certification program in optometry to date in its process, we suggest that it is premature to approve the current model.

We are confident that continuing the current discussion over the ensuing months and involving interested parties will help create a viable model that unifies rather than fragments our profession.

Carol Scott, O.D.
COVD president

Importance of board certification

Editor:

Optometrists have made remarkable strides in the past 20 years. Those advancements that we all now enjoy and are part of optometry were only possible because we have been blessed to have forward-thinking leaders at the AOA, who have seen the future and accepted the responsibility to get us there.

There are many changes coming to the health care system — some good, some bad — but change is coming. Do we want to run the risk of being left out?

With the ever-increasing demands being placed on the health care system, third-party payers, including the government, want to be sure that they are getting the best value for their dollars spent on health care. Demonstrated continued competency through board certification is one way that the payers can be guaranteed that our patients are receiving the highest levels of care possible.

Change is the only constant in our professional lives and it is always better to change before you have to, under your own terms rather than having it forced upon you by outside groups.

As optometry continues to play a much bigger role in our health care system, we

must be willing to accept additional responsibility to continue and advance the level of care optometrists provide.

We must step up and meet these new challenges head on. In life you are either growing or dying; in optometry we are either moving forward or backward as a profession. There is no luxury of standing still, it does not exist.

We are currently the only prescribing doctoral-level health care provider without board certification. Dentistry has it, podiatry has it and so, too, should optometry.

We will continue to play a much bigger role in the delivery of health care in America only if we are also willing to accept greater responsibility, increase our level of care and education and move our profession forward just as those courageous, forward-thinking doctors who came before us did for all of us.

Where would we be as a profession today without DPAs and TPAs?

At one time these ideas were seen as radical and outside of what optometrists should do.

Who among us would go back to the drugless profession we once were?

We cannot afford to be left out of today's health care system as we once were with Medicare.

How long and how much of a fight was it for us to become included as providers in that system?

Today, thanks to our

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admission - for participation in government and private insurance coverage.

- ❖ Optometry is the only prescribing doctoral-level health care profession that doesn't have a process to measure continued competency beyond entry level. Board certification is crucial to maintain equal status with other health care professions in the eyes of the public and policy-makers.

- ❖ Optometry must always look forward to anticipate change and grow as a profession.

Opposition to board certification has gravitated around several themes:

- ❖ Optometry is a unique profession and does not need to follow the same path as other health care professions.

- ❖ Without residencies, the proposed

model is lacks credibility.

- ❖ ODs are already board certified by virtue of passing the National Boards.

- ❖ There are other, less onerous ways to meet the challenges of value-driven health reform.

Representation in the House of Delegates is determined by the number of members in a state or affiliated optometric association. Only members issued "credentials" by a committee set up specifically for that purpose are able to vote or introduce motions or amendments.

For information about the issue, visit <http://certification.aoa.org>.

AOA staff will be providing updates on the issue via twitter.com/aoanews, the newsfromaoa.org blog and on the AOA's Facebook page.

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GLANCE AT THE STATES

Appeals court upholds California commercial practice restrictions

In another key test of state laws designed to protect the independent professional judgment of licensed eye care professionals from the inappropriate influence of business interests, a federal appeals court has upheld a California law that bars optical shops from providing and advertising eye examination services in the same location where eyewear is sold.

A three-judge panel of the 9th U.S. Circuit Court of Appeals in San Francisco, May 28, unanimously overturned a ruling by a Sacramento federal district court judge that California Business & Professions Code provisions that prohibit optical shops from offering or advertising the services of optometrists or ophthalmologists interfere with interstate commerce in violation of the “dormant” Commerce Clause of the United States Constitution.

The panel dissolved an injunction against further enforcement of those code provisions imposed in December 2006 and returned the matter to the trial court for further proceedings consistent with its decision.

The three judges found that the “dormant” Commerce Clause does apply to the case but that a different constitutional test must be applied to determine the statute’s impact.

“This decision is a victory for every optometrist who wants to exercise his or her best professional judgment on behalf of each individual patient, regardless of where he or she practices,” said Hilary L. Hawthorne, O.D., president of the California Optometric Association. “We look forward to the next step in the process.”

That ruling came as the result of an action filed by the National Association of Optometrists & Opticians

(NAOO), LensCrafters, Inc., and Eye Care Centers of America, Inc., who argued the California code provisions amounted to “protectionist” measures for independent optometry and ophthalmology practices.

Plaintiffs also argued the provisions effectively discriminated against large out-of-state optical companies. However, the appeals court ruled the code provisions are “health regulations” neces-

“lay influence” to a complete prohibition against practice in a “commercial setting,” the AOA State Government Relations Center notes.

Several of these state laws have been challenged as high as the federal appeals court level – all unsuccessfully, the center notes.

Some optical companies have imposed management contracts or rental of space agreements that require or encourage practitioners to

business structures, opticians are not the same as optometrists or ophthalmologists,” the California federal appeals court ruled.

“(O)ptometrists and ophthalmologists are health care providers and opticians are commercial interests.”

Business structures that are appropriate for commercial concerns are not necessarily appropriate for health care providers, the court added.

effectuate a legitimate local public interest, and its effects on interstate commerce are only incidental, (state statute) will be upheld unless the burden imposed on such commerce is clearly excessive in relation to the putative local benefits,” the federal appeals court noted, quoting a definitive U.S. Supreme Court ruling on the subject.

Appellate judges said that in declaring the code provisions unconstitutional, the federal district court had failed to consider local public interest served by the code’s health regulations, focusing on only protections for interstate commerce.

Plaintiffs argued that the California code interferes with safeguards on interstate commerce by inappropriately discriminating against large out-of-state chain optical companies.

The code effectively prohibits optical companies from offering “one-stop shopping” for vision examinations and eyewear in the state, plaintiffs said. Independent optometry and ophthalmology practices can provide such one-stop service under the code, plaintiffs added.

However, the court noted large optical shop chains, as a result of their size, enjoy advantages, such as lower wholesale costs for the purchasing of eyewear, which offset any competitive disadvantage that optical chains may encounter as a result of the state code provisions.

The appeals judges remanded the case back to federal district court for a formal determination of the relative merits of the state code provision and the federal interstate commerce protections. The burden to prove substantial adverse impact on interstate commerce will rest on the plaintiffs, the appellate court noted.

This decision is a victory for every optometrist who wants to exercise his or her best professional judgment on behalf of each individual patient, regardless of where he or she practices.

sary to protect eye care practitioners’ judgment from the influence of “commercial interests.”

In addition, appellate judges ruled the lower court had failed to properly apply a key test in interstate commerce cases: weighing the benefit provided to the local population by state regulations against any potential hindrance of interstate commerce.

In the case of the California Business and Professional Code provision, the appellate court found the state regulations to significantly benefit the state’s population with relatively minor adverse effects on interstate commerce.

The California federal appeals court judges noted their ruling was virtually identical to that of the U.S. District Court for the Middle District of Tennessee, which upheld a similar law in 2002.

Every U.S. state has at least some provisions intended to restrict the influence of lay persons or business interests on the independent professional judgment of licensed eye care practitioners, ranging from a prohibition against any

limit time with patients or that may effectively influence practitioner decision-making, the AOA State Government Relations Center says.

To guard against conflicts of interest that could influence professional decisions, the California Business & Professional Code prohibits optical shops and licensed eye care professionals from “any membership, proprietary interest, co-ownership, landlord-tenant relationship, or any profit-sharing arrangement in any form, directly or indirectly” with each other.

The code prohibits opticians from advertising or furnishing the services of an optometrist or ophthalmologist. If a licensed eye care practitioner rents office space from “a commercial concern,” that office space must be separate and distinct from those of other occupants on the premises.

The optometrist or ophthalmologist cannot be linked in advertising or any other manner with the optical shop, the court noted.

“Because they have different responsibilities, different purposes and different

The state business and professional code “has sought to protect optometrists and ophthalmologists as health care professionals from being affected by subtle pressure from lay or commercial interests.

The pressures of co-ownership and profit sharing prohibited by the statutes are more obvious, but potentially even a landlord-tenant relationship could undermine health care quality if the landlord required a certain level of performance to maintain the lease,” the court ruled.

“...it is the subtle pressure to conform to commercial desires the statutes seek to avoid,” the court ruling continues. “These subtle pressures would be difficult to regulate as violations of professional or ethical standards.”

The state code provisions in this case are “health regulations,” the appellate court noted; an important distinction when the importance of state laws are being weighed against the constitutional protections afforded interstate commerce.

“Where the (state) statute regulates even-handedly to

InfantSEE® Weeks a resounding success in W.Va.

With the efforts of the InfantSEE® Centers for Disease Control and Prevention project and the VSP mobile clinic, more than 275 West Virginia infants were seen for an eye assessment by volunteer doctors early last month.

As part of the project, West Virginia held its InfantSEE® Weeks from May 4-16 with the help of 55 participating optometrists.

The West Virginia Office of Maternal, Child and Family Health also played a large role in the success of the InfantSEE® Weeks.

"It was exciting because it was something new for us," said Pat Moss, director of the West Virginia Office of Maternal, Child and Family Health. "With the opportunity for the youngest of our chil-

and where the locations were."

The VSP Mobile Clinic traveled around the state, stopping May 4 in Charleston, May 5 in Beckley, May 6 in Lewisburg at the Robert C. Byrd Health Clinic, May 7 in Bluefield, May 8 in Logan, May 11 in Huntington, May 12 in Parkersburg, May 13 in Wheeling, May 14 in Bridgeport, May 15 in Fairmont, and May 16 in Martinsburg.

West Virginia's First Lady Gayle Conelly Manchin made a special appearance on the first day of the tour. The first lady also helped spread the word about InfantSEE® in her May column titled "May is the Month of Motherhood." (View the column at <http://www.wvgov.org/firstlady/sec.aspx?id=23>.)

exam or a cause for concern as a result of the mobile clinic tour across the state.

Findings included: hyperopia, astigmatism, myopia, amblyopia, strabismus, mild refractive error and duct issues. Clinically, the doctors advised parents that if there was a finding they should keep a copy of the report and the doctors would assist with follow-up.

Many of the families attending the mobile clinic indicated they learned of InfantSEE® Weeks through the Office of Maternal, Child and Family Health mailing.

"We also have a workforce that serves as a professional liaison to the medical community," said Moss. "So they arranged to place posters in practitioners' offices about the availability of the mobile clinic. We also put them in laundromats, supermarkets, all licensed child cares in our targeted area, and libraries. We put something on our public health Web site and notified the family resource network for the counties in the targeted area. They provide early intervention services and a way for practitioners to alert patients. We also worked with our Women, Infants and Children program and community health centers to provide a strong network for the InfantSEE® Weeks."

Moss' effort did not stop there.

"In West Virginia, we have home-visiting programs that begin right from the start, during pregnancy and during the first year," she said. "We used those personnel to carry the InfantSEE® message. One parent said her nurse specifically asked her to come to the mobile clinic. Families really want to have healthy babies, and InfantSEE® is contributing to infants' health. As we talked to families, they couldn't believe that optometrists were offering this for free."

Of the 55 participating doctors, 50 have seen an infant either in their office or at the mobile clinic.

"We wanted a good turnout, and it would have been even better if it wasn't for the weather," said Moss.



West Virginia's First Lady Gayle Conelly Manchin visits with families attending the InfantSEE® Weeks assessments during a special appearance on the first day of the tour.

"We had severe flooding. It's not anyone's fault—just Mother Nature's."

Geography is also a challenge in West Virginia.

"It's very mountainous," said Moss. "There is no public transportation in some areas, not even taxi cabs. Invariably, when you talk to families about health care, it's transportation, not that someone won't see them, that's the issue. They can't get there."

The project, with the help of the Office of Maternal, Child and Family Health, learned valuable information that is applicable to future InfantSEE® Weeks.

"If we had more time, we'd do a couple of things differently," said Moss. "While the West Virginia Optometric Association took care of the logistics, it still took a lot of time to organize. We couldn't do the mailings or solicitation of partners until we knew the locations. Having that lead time is pivotal to success. When the logistics aren't resolved, there's not enough prep time for families. It's a problem for them to arrange transportation and child care for their other children. Another

lesson learned for us is that the posters and letters need to list exactly where the mobile unit will be. We would have also liked to engage our council of churches, but we just ran out of time. It also might have been beneficial to discuss with the Governor's Office of Economic Development. They could help with physical accommodations."

Moss shared recommendations for other states.

"I think it's important for states to remember to reach all children in the age group, not just those on government assistance," she said. "You want to reach the universe, not just a subset of children. We have 20,000 births per year, and we mailed out information to 7,000 infants in targeted counties in the age range. We are still referring them to InfantSEE® providers. It's wonderful, and I look forward to seeing how many were seen in private practice offices."

To sign up as an InfantSEE® provider and learn more about the program, contact infantsee@aoa.org or visit www.infantsee.org.



The VSP Mobile Clinic traveled around the state helping to provide more than 275 assessments.

dren to get a free eye assessment, we wanted to play our part. So when we received the call from Optometry's Charity™, we tried to figure out ways to partner."

Moss noted that her office has access to birth statistics and vital records that could help identify the state's target 6- to 12-month-old population.

The Office of Maternal, Child and Family Health was able to modify some of the AOA's InfantSEE® materials and list state toll-free numbers on the back.

"We were able to identify those 6 to 12 months of age who were West Virginia-born," said Moss. "We sent mailings to the addresses on file, and only had a handful come back. And by listing the numbers, if they had questions, they could call the toll-free lines and ask more about if it really was free—yes!—

"The governor declared May InfantSEE® month in West Virginia, especially for the youngest eyes," wrote Conelly Manchin. "This excellent opportunity gives new parents, grandparents and guardians the peace of mind that their infant's vision is developing properly."

"The first lady has a love for early childhood," said Moss. "Anything they asked her to do she was quick to help with. She also provides high credibility."

On average, the VSP Mobile Clinic volunteer optometrists saw 22 infants per day during the 11-day trip across West Virginia.

"We were really excited that most had good eye health," said Moss. "The children, for the most part, had healthy eyes. This was well thought-out and executed."

One out of every five infants seen had an abnormal



Meeting with the West Virginia first lady are Gary Veronneau, O.D., Jeff Whittington, O.D., Kent Hall, O.D., Sarah Taylor, O.D., and WVOA Executive Director Chad Robinson.

Dr. Jennifer Planitz
Optometrist
Explorer
Luxottica Partner

Jennifer Planitz loves trekking in the rugged New Mexico landscape. When she is not trekking, or teaching jazzercise, or contributing an article to a professional journal, Dr. Planitz and her husband run one of New Mexico's busiest optometry practices. Rio Eyecare Vision Source in Rio Rancho, NM has a staff of 12 and offers a specialty in pediatric optometry. She cares a great deal about her patients, her dedicated team and the partners she chooses.

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WORKING
TOGETHER

Shutterbugs showcase talent in AOA photo contest

Students of optometry have good eyes, based on the winning photos in the AOA's inaugural photo contest, with 10 of 16 winning shots being taken by students. The contest drew more than 130 entries and a wide range of subjects and styles.

All submissions, including the winning shots, are at www.flickr.com/newsfromaoa.

Winners in each category were:

Community

Beyond the practice doors, optometrists are members in the much larger com-

munity. Photos in this category explore the vibrant spirit of the community and the way ODs participate and contribute.

Winners

- ❖ 1st Christina Chan, an optometry student at Nova
- ❖ 2nd Pravina Patel, an optometry student at Nova
- ❖ 3rd Lane Rohling, CPOT, Lawrenceburg, Tenn.
- ❖ 4th Gina Wesley, O.D., Medina, Minn.

Events

Whether it's a health fair or a hurricane, ODs find themselves in the moment.



Special Populations 1st Place winner Tonia Batts, UMSL student, took this photo in Carron Hall, St. Mary's Jamaica. She said, "This was taken after a long day during a mission trip. The children all wanted to become doctors when they grew up, so I let them play with my equipment and snapped some photos during 'play time.'"



Practice Settings 1st Place winner Tran Trung, SCCO student, said "Subject in front of the phoropter was photographed in a dark room using a long exposure. Lighting was painted using an LED flashlight, outlining the instruments and the subject."

Photos in this category tell the story that begins "there I was."

Winners

- ❖ 1st Nick Hedberg, an optometry student at Pacific University
- ❖ 2nd Wendy Wendel, an optometry student at Nova
- ❖ 3rd Vadim Guy, an optometry student at Nova
- ❖ 4th Blair Swogger, CPO, Raymond, Wash.

Practice settings

Seeing the practice in a fresh way, whether it's patients or staff caught in candid moments; frame displays or patient records transformed to art; the exam room shown in a new light; or abstracted takes on instrumentation. Dynamism, compassion and vividness are sought in this category.

Winners

- ❖ 1st Tran Trung, an optometry student at SCCO
- ❖ 2nd James Hunt, O.D., Doniphan, Mo.
- ❖ 3rd Tonia Batts, an optometry student at UMSL
- ❖ 4th Blair Swogger, CPO

Special populations

Today's optometrists offer care for lifelong vision. From infants to the elderly; people with diabetes and traumatic brain injury; those new



Practice Settings 2nd Place winner James Hunt, O.D., of Doniphan, Mo., said "This picture was taken with me holding a projection lens in front of my eye. I was trying to get an interesting picture for my local high school yearbook ad."

to our country and those who have tilled the land for generations; each patient is unique. Photos in this category celebrate the patient.

Winners

- ❖ 1st Tonia Batts
- ❖ 2nd Tonia Batts
- ❖ 3rd James Hunt, O.D.
- ❖ 4th Guy Vadim

First-place winners get \$500 cash; second place wins an AAXA Pico Projector, a

pocket-sized LCD projector valued at \$259. Third place wins a digital picture frame valued at \$125. Fourth place gets a "gallery-wrapped" 16" by 20" print of their winning photo.

In addition, an entrant chosen at random – and his or her guest – will be invited to meet Jeff Foxworthy at Optometry's Meeting® for a photo session.

**Hurricane Katrina.
Hurricane Rita.
Hurricane Wilma.
Tornado - Greensburg, Kansas.
California Wildfires.
Midwest Floods.
Hurricane Gustav.
Hurricane Ike.**

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\$407,000 total in grants delivered.**

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Optometry's Charity™ - The AOA Foundation 243 N. Lindbergh Blvd., St. Louis, MO 63141 800-365-2219



SPOTLIGHT ON AOA MEMBERS

Connecticut OD's work leads to experience with Paralympic athletes

Connecticut low vision specialist Kara Gagnon, O.D., attended the U.S. Paralympics Developing Amazing Leaders Conference April 17-19 at the U.S. Olympic Training Center in Colorado Springs, Colo.

Through her involvement in treating acquired brain-injured soldiers and veterans, the United States Association of Blind Athletes (USABA), a national nonprofit organization with the mission of enhancing the lives of people who are blind and visually impaired through sport and

physical activities, invited Dr. Gagnon to the conference.

Dr. Gagnon is on the AOA Low Vision Rehabilitation Section Council and serves as the director of Low Vision Optometry at the Eastern Blind Rehabilitation Center, which is part of the Veterans Affairs Connecticut Healthcare System.

More than 250 national leaders in disabled sports participated in the conference.

"My experience in the three days spent in Colorado Springs was truly life-alter-

ing," said Dr. Gagnon. "The energy and networking that occurred was something I never had experienced before. The atmosphere was one of excitement, collaboration and a shared goal amongst all. Every single person there was motivated to bring the healing of involvement in a sport to disabled people across the globe. Having devoted my life to visual impairment, I could so relate to the passion and drive that emanated from every single professional in attendance."

The conference included panels of disabled military personnel and disabled athletes and their parents.

"I was moved by the athletes' courage and character," said Dr. Gagnon. "I was also moved by the parents' recounting of how difficult it was to 'let go' and allow their disabled children to participate in a sport. Their journeys are what dreams are made of. Participating in sports allowed them to become whole again. Being athletes pushed them to a place thought unimaginable. The work these disabled athletes and their dedicated coaches do every day takes true grit and determination. Their unwillingness to give up is a lesson to us all. They honor themselves and fully embrace life."

The USABA aims to increase the number and quality of world-class athletic opportunities available to Americans who are blind or visually impaired, from the grassroots level, to a competitive, elite level and develop independence through participation and competition without any unnecessary restrictions.

The USABA also strives to break barriers regarding common misconceptions about people who are visually impaired and change negative stereotypes about the abilities



A Paralympic athlete plays goalball, a team sport specifically for blind and visually impaired athletes.

of the blind. Combating these stereotypes is done both by educating the public through various avenues of media as well as by training athletes to enter schools and community organizations to address disability issues.

An estimated 52,000 school-age children are blind or visually impaired in the United States. Nearly 70 percent do not participate in even a limited physical education curriculum.

The barriers they face are numerous and diverse and include:

- ❖ Prejudicial attitudes that persons who are blind and visually impaired cannot participate in sport;
- ❖ Educators' lack of knowledge, tools and equipment necessary to provide adaptive physical education;
- ❖ Child's lack of skill development that, in turn, affects confidence and willingness to participate in unfamiliar athletic activity;
- ❖ Large size of public school classes resulting in the

loss of attention to individual students – both blind and able-bodied;

❖ The difficulty of finding time for physical education of students in the overcrowded schedules of special education curricula, which often results in the child being removed from physical education classes in favor of time spent in orientation/mobility or other services; and

❖ Over-protective parents and overly cautious medical providers.

This summer, the USABA will host the 2009 World Youth and Student Championships July 17-19 in Colorado Springs.

These games will feature more than 350 blind and visually impaired athletes ages 12-19 from 27 nations who will participate in judo, swimming, track and field and goalball, a team sport specifically for blind and visually

see Paralympics, page 18



A young athlete meets Scott Moore, the first U.S. athlete to win a gold medal in Paralympic or Olympic competition in Judo. Moore won the gold at the 2000 Paralympic Games in Sydney, Australia.

Editor's note

AOA News is highlighting the admirable charitable work and exceptional patient care that distinguishes members of the American Optometric Association.

Got a story to share?

Drop a line to TLOverton@aoa.org.

Paralympics,

from page 17



Master Sgt. Gilbert Magallanes throws a javelin during the U.S. Association of Blind Athlete's Mission Vision program in Colorado Springs in 2008. Magallanes was in the 5th Special Forces Group stationed at Fort Campbell and was critically injured in Afghanistan in a blast and suffered from a broken neck and back, lost two fingers, had a golfball-size hole in his skull and is partially blind.

impaired athletes.

Team USA will include more than 80 youth, some of whom will represent the United States in the 2012 London Paralympic Games.

The USABA also funds blind and visually impaired veterans and service members' training for the State Games of America, the country's largest Olympic-style multisport festival for amateur athletes.

Athletes will participate in sports clinics and learn necessary sports adaptations that they can use to participate in their local community-based programs. Athletes will then apply what they've learned by competing alongside their sighted peers in the State Games of America.

Many military service members return from Iraq and Afghanistan with eye injuries ranging from mild, to moderate, to severe.

As part of their rehabilitation process, the USABA fully funds their training in one of four sports: tandem cycling, judo, swimming or track and field.



Youth swim team that competed in 2005 World Youth Championships.

For more information on the USABA, visit www.usaba.org.

When Dr. Gagnon returned from the conference, she presented her 10- and 12-year-old sons with Paralympics t-shirts and described her experience.

"They were so in awe," she said. "They asked if they could possibly meet some of these athletes sometime. Thus begins the next generation of disabled sports enthusiasts!"

Dr. Gagnon also wants her experience to encourage other optometrists' involvement.

"I am hoping by sharing this experience and informa-

tion regarding the tremendous and noble mission of the USABA, all eye doctors who treat visually impaired patients will help to promote the healing of sports and physical activity," Dr. Gagnon said.

"I feel so fortunate to have a profession that allows me the opportunity to better another's life. We all can put this miracle into motion by educating our patients and their parents about disabled sports opportunities both locally, nationally, for some even internationally," she said.

For more, visit the U.S. Paralympics Web site at www.usparalympics.org.

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Track and field athlete Markeith Price of Baltimore, Md., has visual acuity of 20/200. This summer, the USABA will host the 2009 World Youth and Student games July 17-19 in Colorado Springs.

Eddy honored for public service with Sullins Award

Optometry's Charity™ - The AOA Foundation's

InfantSEE® program is honoring Christopher Eddy, O.D., of Fort Collins, Colo., its fourth Dr. W. David Sullins, Jr. Award recipient.

The Sullins Award recognizes an individual OD who has made significant contributions to optometry and public service involving the InfantSEE® program.

Dr. Eddy will be honored for his achievements during the Dr. W. David Sullins, Jr. InfantSEE® Award presentation in the AOA House of Delegates at Optometry's Meeting®.

Dr. Eddy has been a leader since graduating from Southern California College of Optometry in 1997.

He has demonstrated his leadership abilities in many ways, both large and small, within optometry and in his community.

Dr. Eddy has been an enthusiastic InfantSEE® provider since the program launched in 2005 and continues to see InfantSEE® patients on a regular basis.

Dr. Eddy is described as a "one-man InfantSEE® public relations machine in northern Colorado."

Dr. Eddy attends events, talks with colleagues, and spreads the word about InfantSEE® to his patients and to other professions.

Dr. Eddy developed a program in which InfantSEE® providers in the Fort Collins area pool their resources to publicize 'InfantSEE® Week' in the local newspaper.

Every six months, each provider contributes to a public relations fund.

The money is then used to place an advertisement in the local newspaper publicizing InfantSEE® Week.

This idea has become an annual event and is a successful promotional tactic.

Dr. Eddy reaches out to pediatricians and primary care doctors in the Fort Collins area as the local hospital and county health districts with information on

InfantSEE®. Through this program, InfantSEE® literature and information has reached hundreds of pregnant women in economically disadvantaged areas.

He has delivered InfantSEE® literature to the hospital in his area. This literature is now given to the parents of every newborn infant

in the hospital.

He promotes InfantSEE® at every opportunity.

In addition to his commitment to InfantSEE®, Dr. Eddy has served as president of the Colorado Optometric Association and Northern Colorado Optometry Society.

He currently serves as a Member of the Each One,

Reach One Career Corps and has served as a legislative Keyperson.

Dr. Eddy also serves as a mentor and adviser for the Pre-optometry Club at Colorado State University.

In the past he has been a participant in the VISION USA and Special Olympics Opening Eyes programs.



Dr. Eddy

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AOA has endorsed this Accidental Death and Dismemberment Insurance Protection Plan that pays a cash benefit to your family should you die or suffer a serious injury as a result of a covered accident.

You never expect an accident could happen to you. But unintentional injuries are one of the five leading causes of death along with heart disease and cancer.

Statistics Paint a Troubling Picture

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<http://www.nsc.org/lrs/injuriesinamerica08.aspx>

*Provided you are under age 70. This offer is not available in GA, LA, MD and TX. All benefits are subject to the terms and conditions of the policy.



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*NATIONAL SAFETY COUNCIL'S INJURY FACTS, 2008 EDITION.

- ▶ 120,000 accidental deaths a year
- ▶ 329 a day
- ▶ 5.5 an hour
- ▶ 1 every 11 seconds
- ▶ 26,200,000 disabling injuries a year
- ▶ 71781 a day
- ▶ 2991 an hour
- ▶ 50 a minute
- ▶ 1 every 1.2 seconds

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HEHP survey reveals strong interest on part of educators

Results from a Healthy Eyes Healthy People® (HEHP) survey show that optometry faculty and others teaching coursework relevant to public health and practice management have a genuine interest in learning more about HEHP and educating students on the subject.

The HEHP Committee survey addressed:

- ❖ awareness of the HEHP program
- ❖ program involvement by faculty
- ❖ perceived value of the program
- ❖ potential incentives
- ❖ preferred approach on outreach and education

student exercise.

More than 80 percent responded that the program was valuable or extremely valuable, and all respondents felt it was important for schools and colleges of optometry to expose their students to the HEHP program.

While 72 percent indicated that the most effective way to do that is via the incorporation of a lesson into the curriculum (e.g., public health course), only 22 percent indicated that HEHP guest speakers would be the most effective way to expose students to the program.

In spite of this, 65 percent indicated that their

respondents said that they were interested in learning more about the HEHP program. And all of those respondents were interested in learning more about “Healthy People 2020® and the future of HEHP programming.”

Most (71 percent) were also interested in “strategies and resources that may be incorporated into the classroom,” and half asked for information related to “best HEHP practices and projects.”

Program involvement

Fifty-nine percent report-

rated the program into a classroom exercise or student project.

Perceived value

When rating the value of the HEHP program for academic institutions, more than 80 percent responded that the program was valuable or extremely valuable, while 17 percent reported the program somewhat valuable or not valuable at all.

Survey comments include:

❖ “Provides students an opportunity to recognize ways in which they might apply public health principles in an effort to meet the unique needs of their own communities as future providers. In doing so, they learn about vision objectives within Healthy People 2010 and raise awareness in their communities. Students learn how to create community partnerships and how to write simple grants that support both their state affiliates, their practices, and their communities. My students responded very favorably to this requirement as part of their environmental vision course.”

❖ “Opportunity to make a difference in the state for patients and give recognition to optometry.”

❖ “A way of educating students and the public not only of our profession but the importance of monitoring their health!”

Potential incentives

Multiple incentives were identified to participate in HEHP, among them service (76 percent), teaching (53 percent), and collaboration opportunities with diverse stakeholders (53 percent) were the most frequently cited.

More than half of respondents rated the value of all incentives (service, teaching, speaking and publication opportunities, count-



ing a project toward future tenure/ promotion, and/or the opportunity to collaborate with others) as valuable or extremely valuable, while more than one-fifth of the respondents indicated they were only somewhat valuable or not valuable at all.

Additional incentives mentioned by a couple respondents included presenting an HEHP project at the American Academy of Optometry meeting and advocacy work conducted with state health agencies.

Preferred approach

The majority (72 percent) preferred regular e-mail updates or reminders from the HEHP committee regarding upcoming dates, available funding, news and best practices.

Eighty-three percent said they would be interested in receiving materials from the committee that could be adapted for use within the classroom.

Overall, 100 percent of respondents felt it was important for schools and colleges of optometry to expose their students to the HEHP program, and 72 percent indicated that the most effective way to do that is via the incorporation of a lesson into the curriculum.

“The suggestions obtained during this survey will be instrumental in helping develop a plan to strengthen the activities of the HEHP program and to encourage present and future optometrists to seek collaboration with government agencies and health care advocates to encourage community outreach to help promote good health,” said Dr. Frazier.

The suggestions obtained during this survey will be instrumental in helping develop a plan to strengthen the activities of the HEHP program and to encourage present and future optometrists to seek collaboration with government agencies and health care advocates to encourage community outreach to help promote good health.

“The success of the HEHP program is majorly dependent on the support of the faculty members at the schools and colleges of optometry,” said Marcela Frazier, O.D., MPH, member of the HEHP Committee. “The faculty members can be very active in obtaining HEHP state association grant programs and in promoting the goals and objectives of the HEHP program to the students.”

Eighty-nine percent of the respondents were faculty teaching public health, community health, environmental health, and/or practice management.

Nearly 90 percent were aware of the HEHP program, but 80 percent indicated they wanted to learn more.

The majority had incorporated the program into the classroom via lecture and/or

respective institutions might be interested in hosting a state liaison or AOA HEHP committee member to share a short presentation with students (and interested faculty) regarding the program and incentives.

Awareness

All but one respondent said that they were aware of the HEHP program, and most had visited the AOA HEHP Web pages (78 percent) and nearly 90 percent were aware of the state association grant program.

Of those who were aware of the grant program, 81 percent were also aware of the requirements for grantees. However, only 50 percent were aware that the maximum state association grant available was \$5,000.

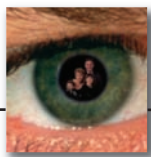
Nearly 80 percent of all

ed having applied for an HEHP grant in the past, and among those 80 percent had applied multiple times.

Among those who had not ever applied for a HEHP grant (41 percent), the potential incentives they listed to participate included: “larger awards,” “special programs specific for optometry schools,” ability for “county public health departments to apply,” and “getting more experience” writing grants.

More than half of respondents (53 percent) reported that they anticipated applying for HEHP funding in 2009.

Interestingly, 89 percent reported having “incorporated (an) aspect of the HEHP program into (their) classroom instruction/lessons.” The majority had either discussed the program within a lecture and/or had incorpo-



PUBLIC HEALTH

HEHP targets community eye care programs on campuses

Amid renewed interest in volunteer service among optometry students, the AOA Healthy Eyes Healthy People® (HEHP) program is launching a drive to establish campus-based community eye and vision care outreach projects on all 19 of the nation's schools and colleges of optometry.

Health & Human Services, the AOA's HEHP program supports the vision-related objectives of the federal government's Healthy People 2010 goals.

The Healthy People goals effectively constitute the nation's public health agenda.

Through HEHP, the AOA encourages eye and vision

programs as model projects for students in his public health course.

To encourage greater participation by optometry school students and faculty, the AOA HEHP Committee is developing new HEHP project planning materials for use in optometry school courses this fall.

The committee is optimistic those materials will be used by many instructors.

Nearly 90 percent of faculty in the recent survey reported they already cover aspects of the HEHP program in their classroom instruction. However, four out of five would like to provide more information to students on HEHP.

"Over 80 percent responded that the program was 'valuable' or 'extremely valuable' and all respondents felt it was important for schools and colleges of optometry to expose their students to the HEHP program," said Renee Mika, O.D., the AOA HEHP Committee member who chaired the survey project. "Some 72 percent indicated that the most effective way to do that is via the incorporation of a lesson into the curriculum, for example, in a public health course."

"The support of faculty members at the schools and colleges of optometry could be an important factor in the future success of the Healthy Eyes Healthy People® program," said Dr. Frazier. "Faculty members can be very active in obtaining HEHP state association grant programs and in promoting the goals and objectives of the HEHP program to the students. The suggestions obtained during this survey will be instrumental in helping develop a plan to strengthen the activities of the HEHP program and to encourage present and future optometrist to seek collabora-

tion with government agencies and health care advocates to encourage community outreach to help promote good health."

Dr. Frazier believes the HEHP program will be embraced by an increasing number of optometry students, noting a general upturn in volunteerism on college campuses around the nation.

College Students Helping America, developed by the Corporation for National and Community Service on the basis of statistics from the U.S. Census Bureau and the Bureau of Labor Statistics, concludes that college student volunteering increased by approximately 20 percent over the first half of this decade.

The HEHP survey target-

ed instructors of public health and related curricula such as community health, environmental health, and practice management.

Dr. Mika conducted the optometry school faculty survey with Dr. Frazier and HEHP Committee member Tina MacDonald, O.D.

AOA Clinical and Practice Advancement Group Director Jeffrey L. Weaver, O.D., group staff persons Timothy Wingert, O.D., and Uzma A. Zumbrink, MPH, as well as AOA Communications & Membership Group staffer Lynetta Simington also worked on the survey.

Additional information on the AOA HEHP program can be found on the AOA Web site at www.aoa.org/hehp.xml.

The support of faculty members at the schools and colleges of optometry could be an important factor in the future success of the Healthy Eyes Healthy People® program.

In April, AOA HEHP Committee member Dan Bintz, O.D., held the first in a series of campus meetings with students at the NOVA Southeastern University School of Optometry, where community eye care projects are already under way.

Committee members plan to visit several additional schools and colleges of optometry this fall to encourage similar programs.

"Each year, Healthy Eyes Healthy People® community outreach projects provide necessary eye and vision care for thousands of underserved Americans," said AOA HEHP Committee Chair Marcela Frazier O.D., MPH, an assistant professor at the University of Alabama at Birmingham School of Optometry. "These projects can also provide optometry students an opportunity for hands-on experience in the field of public health and a chance to develop clinical and community outreach skills that they may find valuable after entering practice."

Developed under a memorandum of understanding with the U.S. Department of

care outreach programs such as screening or public education efforts.

Funding for such projects is offered under the Healthy Eyes Healthy People® grant program, underwritten by Luxottica and Vision Service Plan.

The grant program has provided \$1 million to more than 200 projects in 46 states since its inception in 2004.

In order to qualify for Healthy Eyes Healthy People® grants, projects must be developed under the auspices of a state optometric association and include collaboration with at least one organization outside of optometry.

Efforts are sometimes developed with optometry schools.

Nearly two-thirds of the optometry school faculty responding to a recent HEHP Committee survey said they have already pursued HEHP grants for eye health or vision care programs.

At least one instructor requires students to develop HEHP programs as a part of a public health class.

Another uses HEHP pro-

Get up-to-the-minute coverage of the board certification discussion in the AOA House of Delegates by following the News at www.twitter.com/aoanews



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Speakers:

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Dr. Ken Eakland
Dr. John McGreal
Dr. Eric Schmidt**

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Summit addresses vision protection

The Better Vision Institute's third annual Vision Summit brought together leading vision experts including researchers, practitioners and policy experts to examine the latest data on vision protection.

Phoenix Suns forward Amar'e Stoudemire, left, spoke at the summit and shared his recent personal experience with a season-ending sports-related eye injury.

In late February, Stoudemire underwent surgery to repair a detached retina following an on-court incident. The injury and subsequent surgery ended the all-star's season, which led Stoudemire to declare he will never again play basketball without protective eyewear.

"There is no doubt in my mind that if I had kept wearing protective eyewear, I would have prevented my eye injury," said Stoudemire. "I am committed to wearing protective eyewear anytime I am on the court, and I encourage all athletes to do the same."

Paul Berman, O.D., was awarded the Summit's Visionary Award for his dedication to sports protection. He is the team optometrist for the New Jersey Devils of the National Hockey League, board member

for Optometry's Charity™—The AOA Foundation, and the founder and director of Special Olympics Opening Eyes, a program serving the visual needs of people with intellectual disabilities.

To address concerns about eye protection, the Better Vision Institute, an advisory board to The Vision Council, convened a special Vision Summit March 28-29 to review research and develop strategies to increase awareness about this issue.

Optometrists making presentations included Steven Hitzeman, O.D., clinical professor at the Indiana University School of Optometry and past chair of the AOA Sports Vision Section, and Greg Good, O.D., assistant dean for Clinical Services and clinical professor at The Ohio State University College of Optometry.

The Summit addressed four key areas of vision protection: work, home, sports and UV. Attendees left the Summit with new tools, resources and contacts to help them in their efforts to increase awareness of eye protection in their communities.

For more information, visit www.bettervisioninstitute.org or www.thevisioncouncil.org.

It's show time...

Distinguished members of the optometric community will unveil their inner rock star at Optometry's Charity™ - The AOA Foundation gala on Wednesday, June 24, 2009, immediately following the Opening Reception. Performers include: Pete Kehoe, O.D.; Randy Brooks, O.D.; Joe Ellis, O.D.; Dori Carlson, O.D.; Steve Loomis, O.D.; Chris Quinn, O.D.; Mitch Munson, O.D.; Ron Hopping, O.D.; David Cockrell, O.D.; Andrea Thau, O.D.; Sam Pierce, O.D.; Dick Phillips, O.D.; Larry Davis, O.D.; Arol Augsburger, O.D.; Sarita Soni, O.D.; David Loshin, O.D.; Tom Lewis, O.D.; Linda Casser, O.D.; John Amos, O.D.; Mel Shipp, O.D.; Elizabeth Hoppe, O.D.; Jaime Hill O.D.; Tyson Allard; Edward Lemon, O.D.; Linda M. Chous, O.D.; Hilary Hawthorne, O.D.; Amanda Buttenshaw; Janet Carter O.D.; Christina Sorenson, O.D.; and Joel Byars, O.D., along with fellow AOA past presidents.

Date: Wednesday, June 24, 2009

Time: 8:30 p.m. to midnight

Location: Gaylord National® Resort & Convention Center

Enjoy: Decadent dessert & delightful drinks, mini casino night and elite silent auction

It's not too late to register on-site for function code 0120 or 0121. For questions, contact Sara Breed at 800-365-2219, ext. 4218 or snbreed@aoa.org.

Need a lift?

CIBA Vision is sponsoring a shuttle service on Wednesday and Thursday to take Optometry's Meeting® attendees from Reagan National Airport to the Gaylord National® Resort (all hotels in the AOA block are within a short walking distance of the Gaylord).

- ❖ Dates: Wednesday, June 24 and Thursday, June 25
- ❖ Pickup: Reagan National Airport – Terminals A, B, and C by baggage claim
- ❖ Drop off: Gaylord National® Resort
- ❖ Times: 9 a.m. to 7 p.m. with pickup every 20 minutes

Editor's Commendation to honor authors

The first Editor's Commendation for *Optometry: Journal of the American Optometric Association* will be awarded to Janice McMahon, O.D., and Stephen Beckerman, O.D., on Friday, June 26, at Optometry's Meeting®.

Their paper, "Testing safety eyewear: How frame and lens design affect lens retention," was the most downloaded paper from Optometry's Web site, www.optometryjaoa.com, in 2008.

Each month, the site gets 6,000 page views, and its sister site on www.science-direct.com gets 3,000 full article downloads.

The award, jointly sponsored by the AOA and Elsevier, publisher of *Optometry* and the *AOA News*, includes a \$1,500 travel stipend and engraved awards.

Optometry Editor, Paul B. Freeman, O.D., will present the award at a reception June 26.

"Optometry is the AOA's showcase for outstanding research and peer-reviewed papers," he said. "It's fitting that the authors whose paper is shown to be most topical and clinically relevant should be recognized."

He noted that in addition to being the AOA's only peer-reviewed publication, all authors in *Optometry* benefit from having their papers accessible online at two destinations.

New this month, authors will see their articles published online as "in press" months before the print edition is mailed to AOA members.

"Authors in *Optometry* are advancing the health of the public with their research and advancing our profession," Dr. Freeman said. "We want to reward them with respect, quality peer-reviews, and tools to allow them to do high-level research efficiently."

Optometry's Meeting® attendees can register on-site at the Gaylord National® Resort and Convention Center from June 24-27.

Optometry's Meeting® set to make monumental achievements

Optometry's Meeting® hosts the AOA Congress and American Optometric Student Association (AOSA) conference and offers a chance for attendees to take advantage of



free continuing education hours, excellent networking opportunities, an unmatched trade show floor and outstanding social events.

The 2009 Optometry's Meeting® will make monumental achievements at the Gaylord National® Resort & Convention Center near Washington, D.C.

AMO is sponsoring a free panel presentation on **"Redefining Quality of Vision: New Technologies Influencing Vision Care"** on Wednesday from 3 p.m. to 5 p.m.

The meeting will officially kick off with the **Wednesday Night Welcome Reception** sponsored by Bausch & Lomb from 7 p.m. to 8:30 p.m.

This year, the AOA welcomes journalist Bob Woodruff as the **Opening General Session** keynote speaker, sponsored by Essilor, on Thursday morning from 8 a.m. to 9:30 a.m.

Following the Opening General Session, Alcon is sponsoring the free course **"Optimizing Visual Performance...Changing the Quality of Lives One Day at a Time,"** from 10 a.m. to noon.

The AOSA Awards and General Session will showcase comedian Karyn Ruth White, sponsored by VSP, on Thursday from 1 p.m. to 3 p.m.

Immediately following is

the **"Career Options Expo 2009: Marketing Diamonds—How to Market Yourself and Your Future Practice,"** sponsored by The Vision Care Institute™, LLC, a Johnson & Johnson company, from 3 p.m. to 5 p.m.

On Thursday night, **Wines From Across Our Nation**, hosted by the AOA, will be featured throughout the extended Exhibit Hall hours of 4 p.m. to 8 p.m.

AMO is sponsoring a total of eight hours of free education in the **AMO Complete Refraction Solution Theater** from Thursday through Saturday.

Expert optometrists and world-class lecturers will cover a comprehensive range of practice management topics that impact new practitioners or those preparing to change practice settings during the **New-in-Practice Series** sponsored by CIBA Vision on Thursday and Friday.

Essilor is sponsoring the ever-popular **Varilux® Optometry Student Bowl™ XVIII and Reception** Thursday from 7:30 to 10:30 p.m.

Friday morning, Allergan is sponsoring the free course **"Evidence-Based Medicine and What it Means to the Practicing Optometrist"** from 8 a.m. to 10 a.m.

On Friday night, the Exhibit Hall will feature a **Happy Hour** hosted by the AOA from 4:30 p.m. to 6:30 p.m.

All professional attendees will receive one complimentary drink ticket in their registration packet.

The *Optometry: Journal of the American Optometric Association* Editor's **Commendation Award & Reception** will be held Friday from 5 p.m. to 6 p.m.

A reception honoring the newest inductees to the **National Optometry Hall of Fame** will be held Friday evening from 5:30 p.m. to 6:30 p.m.

Students will enjoy the

iConnect with TLC event featuring a high-energy dueling piano show on Friday from 8 p.m. to midnight.

Students must attend the TLC-sponsored lecture **"Eye Want the Hook Up!"** to get a ticket to attend.

Students' guests must also register.

Bausch & Lomb is also

sponsoring the **Saturday Morning Closing Breakfast Symposium** covering the "Realities of Contact Lens Care" from 6 a.m. to 7:30 a.m.

Comedian Jeff Foxworthy will provide entertainment for the **Presidential Celebration**, sponsored by Hoya, on Saturday from 7:45

p.m. to 10 p.m.

A private fireworks display and dessert reception will follow Foxworthy's performance.

Registration for Optometry's Meeting® is available on-site.

Visit www.optometrysmeeting.org for more information.



The Georgetown waterfront is accessible from National Harbor by water taxi. Georgetown offers a diverse collection of area shops and restaurants and features a historic university campus. The Gaylord National® Resort and Convention Center located on National Harbor is the site of the 2009 Optometry's Meeting® from June 24-28. The 300-acre National Harbor is located on the Potomac River just outside of Washington, D.C., and is in close proximity to many national capital attractions. Registration for Optometry's Meeting® is available on-site. Visit www.optometrysmeeting.org.

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Case Western OD among PBA research grant awardees

Prevent Blindness America, the nation's oldest volunteer eye health and safety organization, has announced the recipients of its 2009 Investigator Awards.

The awards were presented to Children's Hospital Boston, Case Western Reserve University and Washington University in St. Louis, Mo.

Loretta B. Szczołka-Flynn, O.D., and co-investigator Mahmoud Ghannoum, Ph.D., from Case Western Reserve University, were awarded a 2009 Investigator Award for their research project titled "Prevention of Soft Contact Lens Associated *Fusarium* Biofilms."

Biofilms formed by microbes can be found on contact lens cases and contact lenses during infection by *Fusarium* keratitis, the researchers note.

The study will utilize a model of soft contact lens biofilms to assess the efficacy of contact lens solutions

against them and test mechanisms of their prevention.

Other Investigator Award recipients for 2009 include Peter K. Kriz, M.D., of Children's Hospital Boston, for his project titled "Effectiveness of Protective Eyewear in Reducing Severe Eye Injuries in High School Field Hockey Players."

University in St. Louis, Mo., has received the 2009 Investigator Award for his project "Development of a Model for Estimation of Longitudinal Changes in Mean Deviation in Patients with Primary Open-Angle Glaucoma."

This project will pool data from existing landmark

cated to preventing avoidable vision loss.

The recipients were chosen by a panel of scientists in coordination with the Association for Research in Vision and Ophthalmology (ARVO).

Over the years, Prevent Blindness America and its affiliates have awarded more

preserve sight," added Parry. "We look forward to the exciting results of these highly innovative and important vision-saving studies!"

Prevent Blindness America has also declared June as Vision Research Awareness Month in an effort to educate the public on the critical role that ongoing research studies play in saving sight.

In fact, the 101-year-old organization was founded to help prevent blindness in infants, known as "Babies' Sore Eyes."

Doctors discovered that simple eye drops administered shortly after birth could prevent the devastating infection, and the group was formed to expand the practice across the country.

Today, all babies born in United States hospitals receive these eye drops.

For more information on the Prevent Blindness America Investigator Awards, or for free brochures on eye diseases and other eye conditions, call toll-free at 800-331-2020 or visit www.preventblindness.org.

We understand the crucial impact that vision research has on saving sight and have made it part of our mission to fund projects that help to protect our eyes and maintain healthy vision.

Field hockey is the second most played team sport with some elite players capable of achieving ball speeds of close to 100 mph.

The purpose of the study is to determine whether mandated protective eyewear effectively reduces the incidence of severe eye injuries within a select population of female hockey players.

Steven M. Kymes, Ph.D., MHA, from Washington

glaucoma studies in an effort to construct a validated method of predicting the progression of glaucoma.

The end result of the study seeks to improve strategies for delivery of glaucoma-related services, provide a basis to document the burden of glaucoma in the community and to improve methods to evaluate interventions to prevent or delay the onset of glaucoma.

The Investigator Awards are grants awarded to research studies that are dedi-

than \$500,000 to projects through its Investigator Award program.

"We understand the crucial impact that vision research has on saving sight and have made it part of our mission to fund projects that help to protect our eyes and maintain healthy vision," said Hugh R. Parry, president and chief executive officer of Prevent Blindness America.

"These three projects will hopefully help us get one step closer to our core mission to prevent blindness and

OCuSOFT launches Web sites for free samples, education

OCuSOFT® announced that as a convenience to all eye care professionals, the company will now offer product-specific free sample Web sites and broad-based education Web sites.

OCuSOFT®, recognized as the market leader in eyelid hygiene, recently introduced a new Web site as a convenience for eye care professionals to easily access free samples of OCuSOFT® Lid Scrub™ for patient distribution.

Eye care professionals can visit <http://www.ocusoftlidscrubsamples.com> for access to samples of both OCuSOFT® Lid Scrub™ Original and OCuSOFT® Lid Scrub™ Plus Extra Strength

Formula.

Most eye care professionals are already aware of the many benefits of the OCuSOFT® Lid Scrub™ family of products and can now keep their offices stocked with samples in just a few clicks.

For additional information and educational literature, visit the new OCuSOFT education-oriented sites at either of the following addresses: <http://www.ocusofteducation.com> or <http://www.ocusofteducation.biz>.

Both sites open the gateway to receiving the latest in OCuSOFT literature delivered directly to the professional's e-mail inbox or office door.



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Industry Profile is a regular feature in AOA News allowing participants of the Ophthalmic CouncilSM to express themselves on issues and products they consider important to the members of the AOA.

Industry Profile: Johnson & Johnson Vision Care, Inc.

The VISTAKON[®] division of Johnson & Johnson Vision Care, Inc. specializes in disposable contact lenses that it markets under the Acuvue[®] brand name.

New Acuvue[®] Oasys[™] Brand Contact Lenses for Presbyopia afford practitioners an opportunity to provide millions of emerging/early myopic contact lens wearers with a high commitment to remaining in contact lenses a better option for continued contact lens wear. Its combination of senofilcon A with Stereo Precision Technology[™] offers wearers clear and comfortable vision correction that is less dependent on distance or illumination than older generation multifocal contact lenses.

Acuvue[®] Oasys[™] for Astigmatism offers outstanding visual acuity and fit for astigmatic patients and provides clear and consistent vision and comfort throughout the day.

Acuvue[®] Oasys[™] with Hydraclear[®] Plus, the No. 1 silicone hydrogel lens on the market, is a breakthrough for contact lens wearers when their eyes feel tired and dry in challenging environments, such as long hours of computer use, frequent ground or air travel, or everyday exposure to heated or air conditioned surroundings. It also has an additional indication by the U.S. Food & Drug Administration for therapeutic use as a bandage lens for certain acute and chronic ocular conditions and is available in a plano lens for therapeutic use (8.4 mm base curve). 1-Day Acuvue[®] Moist[®] Brand Contact Lenses employ breakthrough Lacreon[™] technology to lock in moisture throughout the day.

VISTAKON also offers many services to help doctors educate patients and build their practices. Acuminder[™] In-Office (www.acuminder.com/doctor) provides doctors with an opportunity to enroll patients for regular reminders to help them remember when to change their contact lenses, purchase new lenses, and schedule an eye exam. Acuvue[®] Direct[™] allows patients to break up the cost of an annual supply of contact lenses into four equal payments during the year while still letting them take advantage of cost-saving rebates (www.jnjvisioncare.com/goacuvuedirect). The "Office Readiness" staff training program (www.jnjvisioncare.com/training) is designed to help practitioners and their staffs accelerate practice efficiencies in the delivery of contact lens services.

Vistakon Pharmaceuticals, LLC, specializes in the sales and marketing of ophthalmic pharmaceuticals. The company markets four prescription ophthalmic agents: Alamast[®] (pemirolast potassium ophthalmic solution) 0.1%, Betimol[®] (timolol ophthalmic solution) 0.25% and 0.5%, Iquix[®] (levofloxacin ophthalmic solution) 1.5%, and Quixin[®] (levofloxacin ophthalmic solution) 0.5% through a co-marketing agreement with Santen Incorporated.

Commitment to optometrists and patients extends beyond products and services. The Vision Care Institute[™], LLC, a Johnson & Johnson Company (www.thevisioncareinstitute.com) is an innovative professional resource for eye care providers. The Vision Care Institute, in partnership with the AOA, also supports InfantSEE[®], a no-cost public health program for infants.

Educating the public about the importance of eye care exams as an integral part of health care at all ages and stages of life is a core component of the company's educational efforts. "We continue to support programs and initiatives that offer the potential to demonstrate improved and sustainable outcomes in eye health," says Pat Cummings, O.D., vice president, Professional Affairs, VISTAKON.

For further information, visit www.jnjvisioncare.com.

Essilor extends Special Olympics partnership

Essilor of America, Inc., announced a three-year extension of Essilor International's partnership with the Special Olympics – Lions Clubs International Opening Eyes[®] program.

Opening Eyes is the world's largest program dedicated to providing eye care for people with intellectual disabilities. Essilor is the official global supplier of ophthalmic lenses to Opening Eyes, and it also supports the program by participating in screenings, education on healthy vision, and eye examinations.

"Essilor International is dedicated to enhancing the Special Olympics experience for all participants and believes strongly that a pair of lenses is the best way to improve sight while preserving the integrity, health and safety of the eye," said John Carrier, Essilor of America, Inc. president. "Our partnership with the Opening Eyes program crosses all frontiers, cultures and social conditions in an effort to bring people together in a unique spirit of solidarity and generosity—one pair of glasses at a time."

Through the Opening Eyes program, athletes are

able to experience easy-to-wear eyeglasses and feel the functionality and comfort firsthand, whether it is during regular wear or sports activities.

Opening Eyes also educates athletes, parents and coaches about the importance of regular eye care using research to increase the knowledge of eye health needs of persons with intellectual disabilities.

Research has shown that among Special Olympics athletes, 68 percent have not had an eye examination in three years, 37 percent are in need of eyeglasses and 18 percent wear clinically incorrect eyeglasses.

Approximately 30,000 corrective lenses have been supplied by Essilor over the past three years for Special Olympics athletes who require visual correction.

Essilor is often able to provide eyewear on-site during athletic events, providing Special Olympics athletes with immediate, tangible and spectacular benefits.

For more information about the Special Olympics—Lions Clubs International Opening Eyes program, visit www.lionsclubs.org or www.specialolympics.org.



The Burberry eyewear collection draws inspiration from the season's quiet, modern and elegant ready-to-wear collections. New acetate square styles for women include modern oversized sunglasses with an engraved trademark check cube at the temple. Shown is style 4062.



B&L gets FDA approval for bacterial conjunctivitis drug

Bausch & Lomb announced the approval of the U.S. Food and Drug Administration (FDA) of Besivance™ (besifloxacin ophthalmic suspension) 0.6% for the treatment of bacterial conjunctivitis.

Besivance™ is a new topical ophthalmic antibacterial,

antibacterial activity, including activity against the strains that are the most common causes of bacterial conjunctivitis.

“Topical ophthalmic besifloxacin offers physicians the opportunity to provide patients with an anti-infective that treats a broad range of bacterial ocular

involving nearly 2,400 patients with a clinical diagnosis of bacterial conjunctivitis.

In clinical trials, investigators found that Besivance treatment resulted in a greater proportion of patients experiencing clinical resolution and microbial eradication when compared to its vehicle.

“Today’s FDA approval of Besivance provides patients with an advanced therapy that can eradicate bacterial conjunctivitis at its source both safely and effectively,” said Flemming Ornskov, M.D., MPH, corporate vice president and global president, Pharmaceuticals, Bausch & Lomb. “At Bausch & Lomb, we are committed to developing innovative eye health products that help enhance patients’ overall quality of life, and we are pleased to offer the medical community a new treatment option for this exceedingly common condition.”

Besivance will be available by prescription in U.S. pharmacies in the second quarter of 2009 and will be promoted by both the Bausch & Lomb and Pfizer, Inc. sales forces.

Topical ophthalmic besifloxacin offers the opportunity to provide patients with an anti-infective that treats a broad range of bacterial ocular pathogens.

administered via sterile ophthalmic drops, that treats a wide range of eye pathogens, including those that most commonly cause bacterial conjunctivitis.

In December 2008, an FDA Advisory Committee voted unanimously to recommend approval of Besivance.

Besivance is the first fluoroquinolone specifically developed for ophthalmic use and is the first and only ophthalmic fluoroquinolone with no previous systemic use.

It offers broad-spectrum

pathogens,” said Marguerite McDonald, M.D., clinical professor of Ophthalmology at the New York University School of Medicine.

The FDA approval of Besivance was based on a series of eight clinical trials.

These studies were designed to test the efficacy, safety, tolerability, pharmacokinetics and pharmacodynamics with the topical antibacterial.

Its efficacy was evaluated in three multicenter, randomized, double-masked trials

CIBA’s Academy for Eyecare Excellence celebrates first anniversary

CIBA Vision celebrates the one-year anniversary of the Academy for Eyecare Excellence™ (AECE), a comprehensive global professional education platform to enable eye care practitioners (ECPs) to deliver the highest standard of patient care.

Since its launch, the AECE has expanded to 20 countries around the world, with more than 2,500 ECPs participating in AECE programs in the United States during the past 12 months.

The AECE will continue to grow over the next 12 months by adding programs in Japan, Canada, Brazil, Spain, Australia, New Zealand and China as well as by launching the first education platform for ECPs, accessible by smart phones.

“Our goal is to be the preferred partner for ECPs by providing innovative professional education programs and practice development tools which help our customers enhance their clinical skills, while running a suc-

cessful business,” said Richard E. Weisbarth, O.D., global head, Professional Development and Partnerships for CIBA Vision.

“Giving practitioners the choice of participating in those programs in a classroom setting, from their desktop or laptop – and now from their smart phones – is an effective way of helping them improve their knowledge,” he said.

Visit www.cibavisionacademy.com for more information.



Connie Falvo, director, external affairs, Transitions, is interviewed on CBS News' 'The Early Show.' Transitions announced its sponsorship of Jennifer Frances' mobile literacy initiative 'Bess the Book Bus' on the show.

Transitions makes surprise donation on 'Early Show'

Recognizing the connection between healthy vision, education and literacy, Connie Falvo, director, external affairs, Transitions Optical, Inc. surprised Tampa native Jennifer Frances on Friday, May 22 during CBS News' "The Early Show" by adopting West Shore Elementary School in Tampa in Frances' name.

Transitions will be providing free eye exams for all students and fitting those students in need with Transitions® lenses.

Frances was featured on the show's segment "Early's Angels," which honors those who make extraordinary efforts to help others, for her mobile literacy outreach initiative "Bess the Book Bus."

Students from West Shore Elementary were shown live via satellite during the surprise announcement.

Founded solely by Frances in 2004, "Bess the Book Bus" began visiting schools, shelters and after-school programs in the Tampa area to distribute children's books and do readings for underprivileged children.

Since then, Frances' efforts have expanded, servicing more than 200 children and adults in need each week to promote literacy.

For more information about the program, visit www.bessthebookbus.org.

For more information about Transitions, visit www.transitions.com.

Letters, from page 12

AOA leadership we are considered as physicians in that system.

We truly run the risk of being left out of the changes happening in the health care system if we fail to be proactive and develop our own board certification.

I encourage each of you to accept the challenge and responsibility to advance our profession as those before us had the courage to do.

It may be like any type of change, there will be inertia to overcome in the beginning, but once we get going we will all—as a profession—enjoy the benefits of board certification and our ever-expanding role and responsibility in our health care system.

Donald J. Higgins, O.D.
Plainville, Conn.

Already board certified

Editor:

I feel that the proposed requirements for board certification are ludicrous and unnecessary. To require 150 points to take an examination is an insult to everyone who calls himself or herself an optometrist. Those points are called continuing education credits and are mandatory in all states. Just offer the examination now to anyone who has been in practice over 10 years, and those who pass can use the title “board certified.” Recent graduates who pass the NBEO should also use the term.

I agree with those that say we are board certified. We all had to pass board examinations to become licensed practitioners. I am also disappointed with those states that require their own examination in order to obtain a license. I have been practicing full-scope optometry in New Jersey for 10 years; the last eight years have been in an ophthalmology practice. Due to the hard work of so many people in the past, I have the privilege to provide the same level of care as the ophthalmologist

(without the invasive surgery). I am a provider on all the medical insurances that allow optometrists to participate. I have never had a problem applying to participate on insurances, or being denied payment because of not being “board certified.”

Unfortunately, there are a few insurances that will not allow optometrists to participate. Would this board certification plan change that? I think not.

First we have to look at what board certification means. It should be a process by which a practitioner’s level of competency is tested by a board of their peers. For medical doctors, after completing

medical school, they have no specialized training in any field of medicine. That is why they must complete residencies, to train in that chosen field. During those years they must pass written and oral board examinations to become licensed to practice medicine. They call that board certified.

Our profession is unique in that we graduate after four years of intense schooling and hands-on training. We receive our specialized training at the same time. After successfully passing the National BOARD Examination, we are specialists in primary and medical eye care. In general the graduated optometrist does not need residency training to begin practicing. Today’s young optometrists are more prepared for medical optometry and primary eye care. Because our profession also has sub-specialties, some doctors may choose to concentrate on one of those areas. That is where optometry residencies may come into play.

In summary, we are board-certified optometrists. I am in favor of re-certification every 10 years as long as the requirements are universal and accepted in all 50 states and the District of Columbia.

Christopher Lutz, O.D.
Holmdel, N.J.

Rise to the challenge

Editor:

After considerable research and consideration I am now in favor of board certification. Until recently I have been opposed based largely on the ground of necessity and divisiveness. I did not feel it was necessary at this point in time, and I knew the issue to be divisive.

Our profession is unified and strong. I did not want any threat to our strength brought about largely by our

There are well intentioned and good arguments for both sides of the debate. I agree with both sides on most of the points. My problem is I see a future where our practices will lose patients to board-certified entities very soon.

A friend of mine (interestingly a non-physician) once taught me something insightful about vision and the future. He said: “You have to see it before you see it, or you’ll never see it.”

If we don’t see this one coming, then we’ll never see

this one coming, and I predict for the first time in my 30-year optometry

career our practices will go into decline. We have always been a profession with Vision at a lot of levels.

Let’s rise to the challenge one more time so our profession will continue to thrive. Who knows, maybe it will even improve patient care.

Kim Castleberry, O.D.
CEO Plano Eye Associates

For our future

Editor:

A few years ago I filled out an application to get hospital privileges for the hospital in my area. The president of the hospital was a friend and patient. I had a contract to provide vision care for the employees so I knew most of the staff and nurses. My wife had three babies in the hospital. When I got to the application item labeled board certification I had to leave it blank. This made me unqualified to gain hospital privileges. The hospital board did not know what to do with the fact I wasn’t board certified. I have always been amused that so many optometrists have sought to be treated as medical doctors. Many times I’ve heard the phrase “like a real doctor.” My father was an internationally known

urologist, my mother a nurse. I was raised in a medical environment. Seeing how medicine had changed through the years I chose optometry. This was the best decision I ever made and I’m thrilled with my 31-year career as an optometrist.

Just as medicine has evolved from “the old country doctor”, optometry is evolving. In order to provide the best care to our patients we must evolve into the medical model. Board certification is a major part of the model.

Whether we like it or not, to be part of the health-care system in the United States we must speak the same language as medicine. We learned to do this with CPT codes, (giving up our own coding system), and we must learn to do this with board certification.

Board certification is going to happen. If we don’t embrace it now, we will be revisiting this again in the future. Do you really want to go through all this time and effort again and again?

I ask my colleagues to vote in favor of board certification. Being able to fill out the item on applications to hospitals and medical plans, indicating board certification, will make our lives as optometrists easier and facilitate working with the medical community.

I wish I was able to indicate “board certified” several years ago on my application for hospital privileges.

Hopefully, thanks to you, this won’t be an issue for my daughter and son who have chosen to enter our wonderful profession.

Peter Shaw-McMinn, O.D.
Oceanside, Calif.

I totally agree with my dad. Please vote in favor of board certification. I ask that you allow me and my fellow graduates the opportunity to be recognized as “board certified” by the medical community.

Vanessa Shaw-McMinn, O.D.
SCCO class of 2009

Whether we like it or not, to be part of the health care system in the United States we must speak the same language as medicine.

unity. We have spent years tearing down walls that have kept our profession divided and I simply did not want walls to be rebuilt. I saw board certification as a wall-builder.

I am involved in a project to bring practice management/EHR software into compliance with certification and meaningful use guidelines set out by ARRA, commonly known as the stimulus act.

One requirement to prove meaningful use of EHR is to successfully submit PQRI quality reporting codes. In preparing our software for future quality reporting measures, I discovered board certification and maintenance of certification are likely to be quality reporting measures very soon. PQRI data is being made public by Medicare, and many commercial insurance carriers are accepting and reporting PQRI data to the public on Web sites.

What this means to our practices is patients will be using board certification and maintenance of certification as one of the criterion for selecting their eye doctors very soon. I believe some patients will select providers who are board certified, and I do not want to lose any competitive edge to board certified entities!



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June

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July

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Nancy Kopp or Tracy Thomas 701/258-6766 or 877/637-2026 FAX: 701/258-9005
e-mail: ndoa@btinet.net

NORTHEASTERN STATE UNIVERSITY, OKLAHOMA COLLEGE OF OPTOMETRY LASER THERAPY FOR THE ANTERIOR SEGMENT July 10-11, Tahlequah, OK Lisa McCormick 918/444-4033
mccormil@nsuok.edu

OPTOMETRIC EXTENSION PROGRAM THE ART & SCIENCE OF OPTOMETRIC CARE—A BEHAVIORAL PERSPECTIVE (OEP Clinical Curriculum) July 11-15,

Memphis, Theresa Krejci
TheresaKrejciOEP@verizon.net
800/447-0370

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Dr. Charles Comer 877/394-2020
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August

COLORADO OPTOMETRIC ASSOCIATION, INC./MOUNTAIN STATES CONGRESS OF OPTOMETRY COLORADO VISION SUMMIT
August 1-2, 2009
Colorado Convention Center
Barbara Zablotny
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barbaraz@visioncare.org
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ccaldridge@yahoo.com

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Theresa Krejci
800/447-0370
TheresaKrejciOEP@verizon.net

September

ENVISION CONFERENCE
September 9-12, 2009
Westin Riverwalk Hotel, San Antonio, Texas Michael Epp
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Michael.epp@envisionus.com
www.envisionconference.org

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207/865-2050
www.iscls.net

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September 11-13, 2009
Hilton Hotel and Conference Center, Burlington, VT
David DiMarco, O.D.
412/334-3428
djd@nveyecare.net

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September 11 - 13 2009
YMCA of the Rockies, Estes Park, Jennifer Redmond
720/870-2828
Jennifer@highlinevisioncenter.com or
Jamie@highlinevisioncenter.com

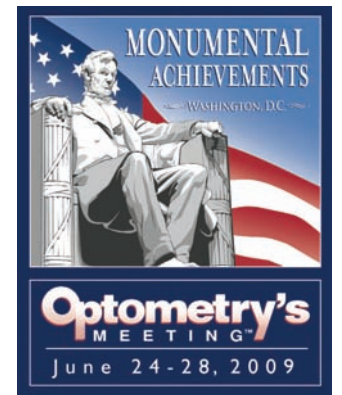
OPTOMETRIC EXTENSION PROGRAM NORTHEAST CONGRESS
September 13-14, 2009
Westford Regency Inn, Westford, Massachusetts
Kathleen A. Prucnal, O.D.
978/597-5227
drkaprucnal@msn.com

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October

OHIO OPTOMETRIC ASSOCIATION EASTWEST EYE CONFERENCE
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Cleveland, Ohio
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October 2-4, 2009
Airport Hilton, Wichita, Kansas
785/232-0225
info@kansasoptometric.org
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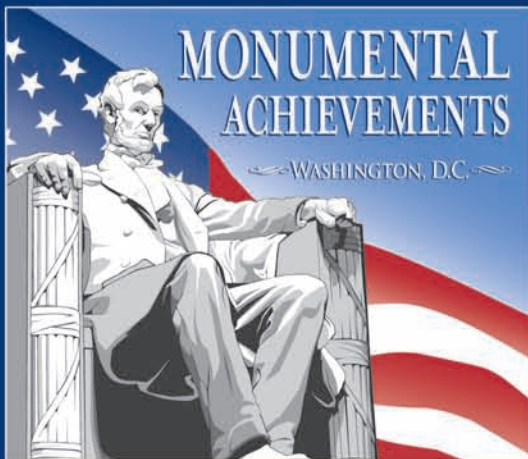
COLLEGE OF OPTOMETRISTS IN VISION DEVELOPMENT 39TH ANNUAL COVD MEETING
October 13-17, 2009
Marriott Denver Tech Center, Denver, Colorado
www.covd.org

ARKANSAS OPTOMETRIC ASSOCIATION 2009 FALL CONVENTION
October 16-18, 2009
Hilton Memphis, Memphis, Tennessee
Vicki Farmer
501/661-7675
FAX: 501/373-0233
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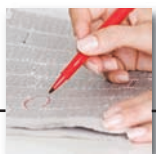
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Sheldon Kreda, O.D., F.A.A.O.	2 hours PM - "The Paperless Office, Advanced Strategies"
Ron Foreman, O.D., F.A.A.O.	2 hours CE Optometric Jurisprudence

Information

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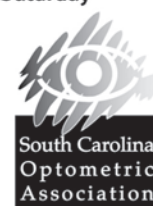
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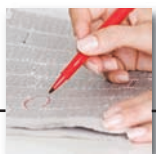
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Canada/New England, 10/3-10/10/09, *Caribbean Princess*®. New York City, Halifax, St. John, Bar Harbor, Boston, Newport, New York City. **From \$1045pp.**

Western Caribbean, 2/13-2/20/10, *Crown Princess*®. Ft. Lauderdale, Grand Cayman, Roatan, Cozumel, Princess Cays, Ft. Lauderdale. **~President's Day~ From \$919pp. ~Valentine's Day~**

Panama Canal Adventurer, 2/18-2/28/10, *Island Princess*®. Ft. Lauderdale, Ocho Rios, Panama Canal, Panama City, Puterenas, San Juan del Sur, Puerto Quetzal, Huatulco, Acapulco. **From \$1619pp.**

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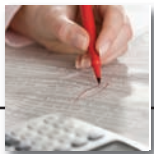
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Ms. Linda Etter

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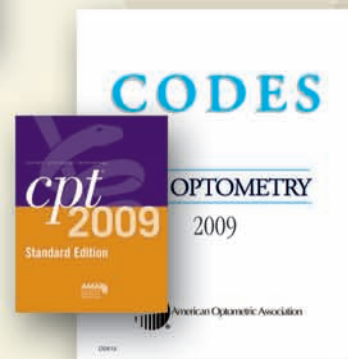
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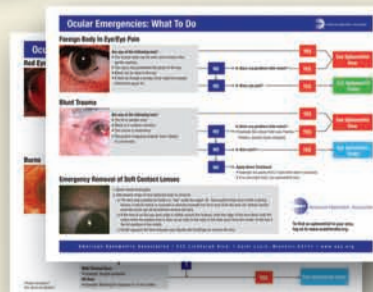
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References:

1. Data on file, Alcon Laboratories, Inc. 2. Ketelson HA, Davis J, Meadows DL. Characterization of a novel polymeric artificial tear delivery system. Poster A139 presented at: ARVO; April 2008; Fort Lauderdale, FL.



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